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ABSTRACT

In this booklet, charts and graphs present data from four divisions of the National Center for Health Statistics. The divisions represented are those concerned with vital statistics (births, deaths, fetal deaths, marriages and divorces); health interview statistics (information on health and demographic factors related to illness); health examination statistics (data on prevalence of illness and on various health-related measures); and health resources statistics (characteristics and utilization of health resources such as hospitals, clinics, nursing homes and family planning centers.) Infant mortality is recognized as a major problem and is the focus of Part I of the booklet. Part II deals with children's acute conditions and accidents. Part III presents statistics on the impact of illness on children ages 6 to 11 years and includes figures on speech and hearing defects, days of restricted activity and days in bed, school days lost, and reasons for hospitalization. Health care is discussed in Part IV, with statistics given on numbers of visits of children to doctors and dentists. Part V presents data on the growth and development of children ages 6 to 11 years. (NH)

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National Center for Health Statistics
Rockville, Maryland

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the health of children—1970

SELECTED DATA FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
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Foreword

The year of a White House Conference on Children is an appropriate time to do something we have planned but never attempted: put together data from several parts of the National Center for Health Statistics to construct a sketch of the health of children.

The data presented here are highly selective. During the 10 years of its existence the Center has accumulated a considerable store of information on young age groups. In choosing from it the charts and tables in this book, we have tried to produce an overall view for readers for whom that is sufficient. At the same time, those who need information in greater depth will find suggested here the kinds of data which in many instances are available from the Center in further detail.

The National Center for Health Statistics is the source of all the data in this publication with the exception of Chart 1. The Center invites inquiries for additional published or unpublished material.

Theodore D. Woolsey
Director
National Center for Health Statistics
September 1970

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Introduction

This report draws on the four data collection and analysis resources of the National Center for Health Statistics (NCHS):

The Division of Vital Statistics analyzes, interprets, and publishes in *Vital Statistics of the United States* the official statistics on births, deaths, fetal deaths, marriages, and divorces. Through followback studies and other special surveys it expands the scope of national vital statistics beyond the data usually available from vital records and makes the resulting information available in published and unpublished form. Using actuarial methods, it constructs annual life tables.

Through continuing sample surveys the Division of Health Interview Statistics collects data that can best be obtained through the household interview method or can be obtained only by this means. These data include information on health and demographic factors related to illness, injuries, disability, and costs and uses of medical services. During the 52 weeks of 1968, the sample—representative of the Nation's civilian, noninstitutional population—was composed of about 42,000 households containing 134,000 persons living at the time of the interview.

The Division of Health Examination Statistics conducts direct examinations to obtain data on the prevalence of illness (including previously unrecognized and undiagnosed illnesses) and on a variety of basic health-related physical, physiological, and psychological measures within the population. Samples of the population are examined by teams of physicians, dentists, nurses, psychologists, and technicians in specially designed mobile examination centers. From 1963 through 1965 the Health Examination Survey selected a probability sample of the Nation's 24 million noninstitutionalized children 6-11 years of age. The sample consisted of 7,417 children, 96 percent of whom were examined.

The Division of Health Resources Statistics develops statistics on the characteristics of health resources and the utilization of health resources through surveys of the health occupations and the institutionalized population and hospitals, nursing homes, clinics, family planning centers, physicians' offices, laboratories, and related facilities. One type of data produced by the Hospital Discharge Survey conducted by this Division is data on inpatient utilization of short-stay hospitals by diagnosis. Data collected for 1967 are national estimates based on a sample of approximately 145,000 discharges selected from 289 short-stay hospitals participating in the survey.

All these data collecting
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their samples, and other fac
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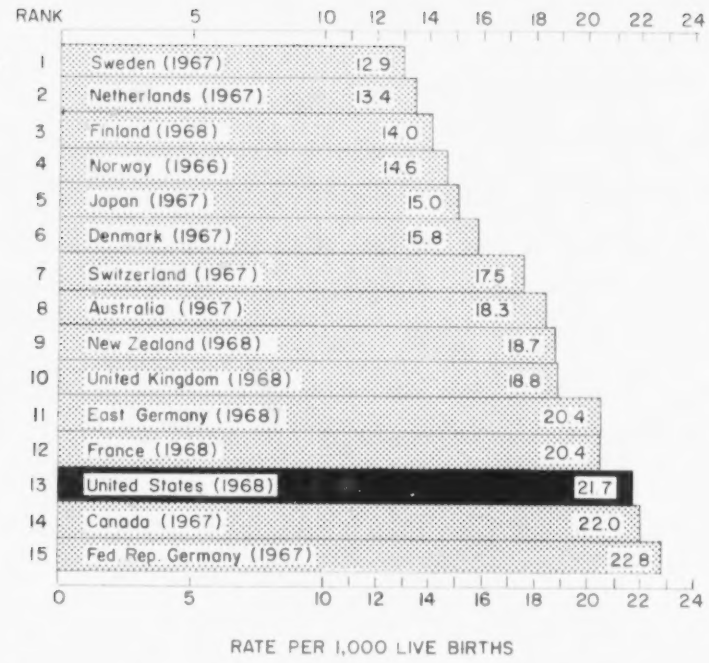
of approximately 145,000
289 short-stay hospitals

All these data collecting Divisions produce statistics by age. However, their varying data collection systems, the differing sizes and characteristics of their samples, and other factors make it impractical for them to publish data according to uniform age groupings. Thus the "children" described in this publication fall into several different age groupings. For example, the Health Examination Survey of children covered the group 6-11 years of age. The age break in the Hospital Discharge Survey occurs at under 15 years; for much of the data from the Health Interview Survey it comes at under 17.

In the same vein, the detail available varies by topic. For example, infant mortality—recognized as a major problem—has been the subject of much more intensive study than have some of the other topics touched on in this book.

Likewise the dates of the material vary. Some studies are performed only once or only once in a decade, and the results bear the dates of the studies. In many instances totals can be presented for a recent year, but for the breakdowns by demographic variables one must rely on data from the year before. Also, the character of the material and the resources of the NCHS influence the rapidity with which particular data can be analyzed and published. In any event, all the statistics in this report are the latest available.

Part I. The World That Greets the Infa



Source: United Nations, 1968 Demographic Yearbook

Chart 1. Infant mortality rates: selected countries in rank order

The Infant Deaths

Some children too
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I. The World That Greets the Infant

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The Infant Deaths

Some children today are born into hopeful circumstances, some into circumstances that lessen their chance to live. In the United States in 1969, infant deaths totaled about 74,000. Large differences in infant mortality are found by the color, the income, the education of the child's parents, and the age of the mother.

In spite of the decline in infant mortality in recent years, the United States ranks 13th in the world.

Table 1. Legitimate live births and infant mortality rates, by age of mother: United States, 1964-66

Age of mother	Legitimate live births (1000's)	Infant mortality rate per 1,000 live births
All ages------	3,480	22.8
Under 20 years------	475	29.5
20-24 years----------	1,257	20.3
25-29 years----------	892	21.2
30-34 years----------	506	22.7
35-39 years----------	270	23.8
40 years and over---	80	36.4

Chart 2. Infant mortality rates by color: United States, 1940-68

Chart 3. Infant mortality rates by color, family income, and education of the parents: United States, 1964-66

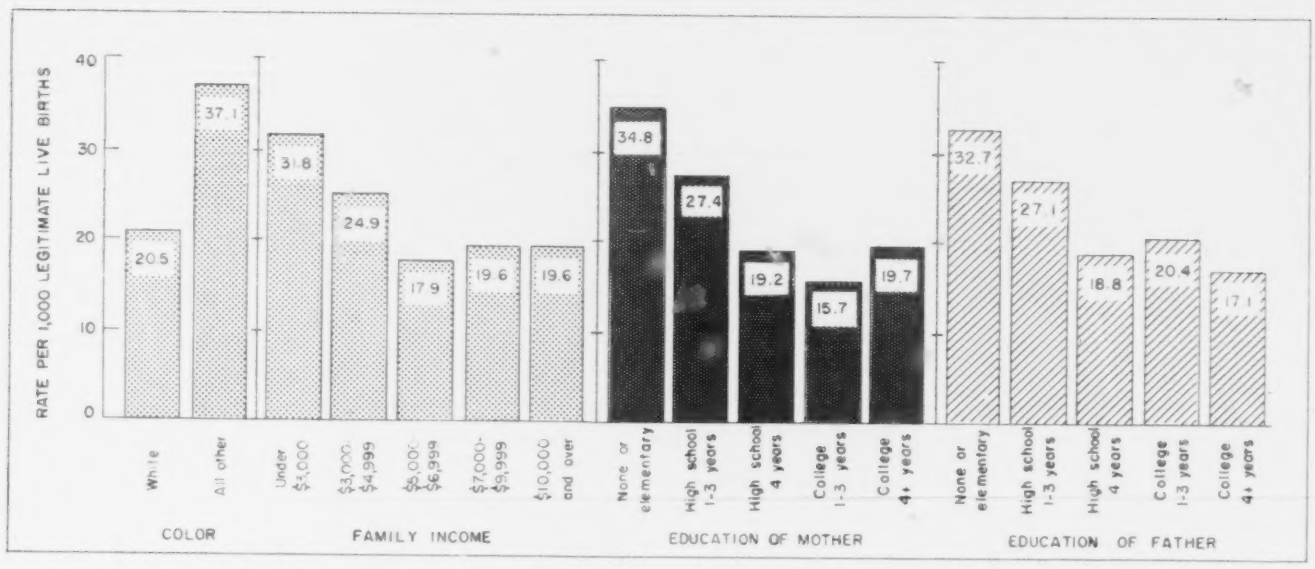

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Chart 2. Infant mortality rates by color: United States, 1940-68

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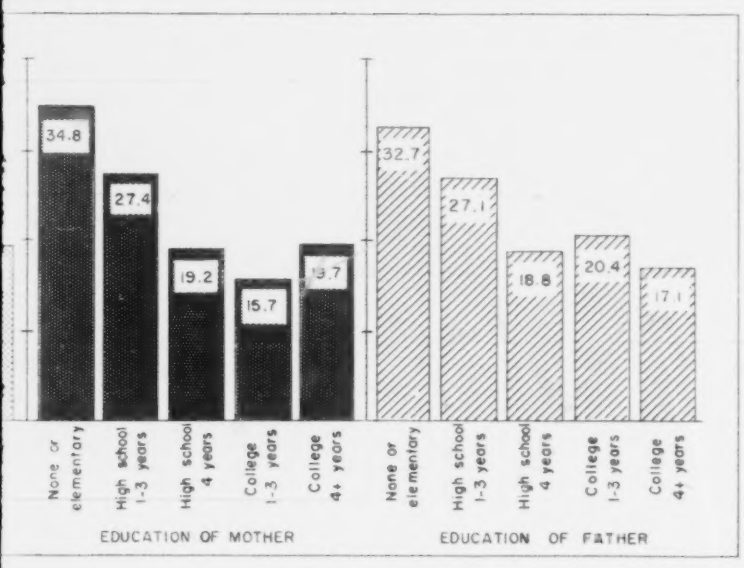

Infant mortality rates vary greatly among the States and between the white and other than white races by State. If the infant mortality rate of each State had been as low as that of the best State in 1967, 20,579 babies would not have died during their first year.

Table 2. Infant mortality rates by color, fo
in rank order of total infant

(Rates are deaths under 1 year per 1,00

State	Total	White	All other
United States-	22.4	19.7	35.9
Utah	16.6	16.2	[1]28.8
Hawaii	16.7	14.9	17.5
Connecticut	19.2	17.9	30.9
Iowa	19.2	18.9	32.4
Washington	19.2	18.3	31.1
Idaho	19.4	19.5	[1]11.0
Oregon	19.4	18.9	32.0
Rhode Island	19.4	18.2	43.5
Wisconsin	19.4	18.4	36.5
Kansas	19.5	18.4	34.4
California	19.6	18.8	24.9
Nevada	19.6	18.6	25.7
Minnesota	19.8	19.5	29.9
Nebraska	19.8	19.0	36.2
Massachusetts	20.0	19.2	34.6
Delaware	20.5	15.9	39.3
New Hampshire	20.6	20.1	[1]150.0
Ohio	20.7	19.0	33.8
Oklahoma	20.8	19.0	31.3
Vermont	20.9	21.0	(2)
North Dakota	21.0	21.0	[1]21.4
New Jersey	21.9	18.5	38.2
Michigan	22.0	19.8	35.2
Maryland	22.1	19.0	32.5
New York	22.1	19.1	36.8

[1] Figure does not meet standard of reliabilit
[2] Rate is 0.

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Table 2. Infant mortality rates by color, for the United States, and for each State in rank order of total infant mortality rate: 1967

(Rates are deaths under 1 year per 1,000 live births in specified group)

State	Total	White	All other	State	Total	White	All other
United States-	22.4	19.7	35.9				
Utah	16.6	16.2	[1]28.8	Indiana	22.3	21.0	35.0
Hawaii	16.7	14.9	17.5	Pennsylvania	22.3	19.9	39.2
Connecticut	19.2	17.9	30.9	South Dakota	22.4	20.8	35.3
Iowa	19.2	18.9	32.4	Missouri	22.7	19.1	42.1
Washington	19.2	18.3	31.1	Arizona	22.8	20.2	35.8
Idaho	19.4	19.5	[1]11.0	Colorado	22.8	22.3	33.6
Oregon	19.4	18.9	32.0	Maine	22.9	22.8	[1]32.1
Rhode Island	19.4	18.2	43.5	Wyoming	23.1	23.8	[1]8.7
Wisconsin	19.4	18.4	36.5	Texas	23.3	21.1	34.9
Kansas	19.5	18.4	34.4	Illinois	23.6	20.3	36.9
California	19.6	18.8	24.9	Florida	23.8	18.8	37.2
Nevada	19.6	18.6	25.7	Montana	23.8	22.9	33.0
Minnesota	19.8	19.5	29.9	Kentucky	24.1	22.9	36.1
Nebraska	19.8	19.0	36.2	Arkansas	24.3	20.5	34.2
Massachusetts	20.0	19.2	34.6	Virginia	24.3	20.1	37.4
Delaware	20.5	15.9	39.3	Tennessee	24.4	21.0	36.4
New Hampshire	20.6	20.1	[1]150.0	New Mexico	24.8	22.5	37.9
Ohio	20.7	19.0	33.8	West Virginia	25.2	24.8	33.1
Oklahoma	20.8	19.0	31.3	Louisiana	26.4	19.1	37.4
Vermont	20.9	21.0	(2)	Georgia	26.5	19.8	39.4
North Dakota	21.0	21.0	[1]21.4	North Carolina	26.8	20.0	42.0
New Jersey	21.9	18.5	38.2	Alabama	26.9	20.7	38.2
Michigan	22.0	19.8	35.2	District of Columbia	27.3	20.5	28.7
Maryland	22.1	19.0	32.5	South Carolina	27.7	21.0	37.8
New York	22.1	19.1	36.8	Alaska	29.2	19.1	51.2
				Mississippi	33.5	22.8	47.4

[1] Figure does not meet standard of reliability and precision.
[2] Rate is 0.

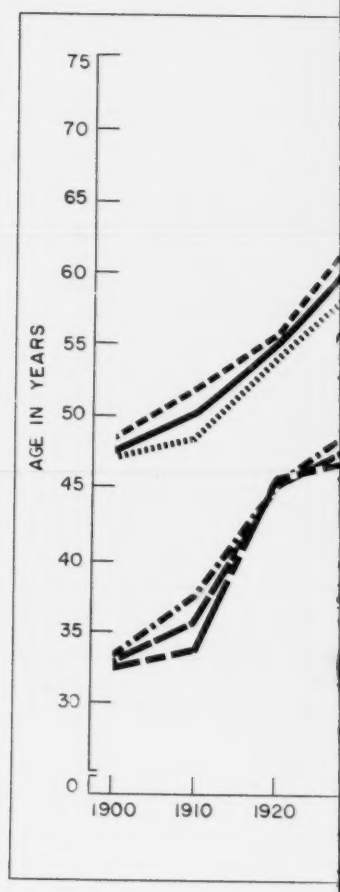
But all children born today have a greatly increased chance o
hood compared with those born at the beginning of the century.

Table 3. Percentage of infants who could expect to reach age 20, by color and sex: United States, 1900 and 1967

Color and sex	Percentage who could expect to reach 20	
	1967	1900
White, male--------	96.3	76.4
White, female------	97.5	79.0
All other, male----	94.0	56.7
All other, female--	95.5	59.1

If a child is male and other than white, he can expect to live several years less than the national average.

Chart 4. Estimate
life in years, b
United States,



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those born at the beginning of the century.

infants who could
20, by color and
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967	1900
96.3	76.4
97.5	79.0
94.0	56.7
95.5	59.1

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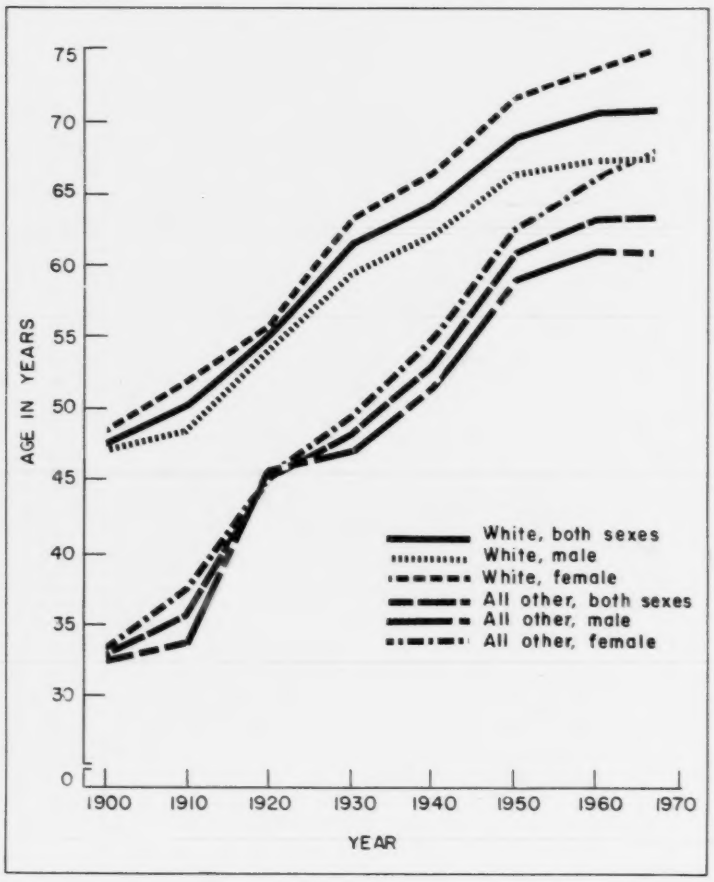
Chart 4. Estimated average length of life in years, by color and sex: United States, 1900-67



The Births

In 1969 the birth rate rose to 17.7 births per 1,000 population the 1968 final figure of 17.5. This was the first annual increase 1958.

The 1969 fertility rate of 85.8 births per 1,000 women 15-44 of age[1] was virtually the same as the rate for 1968 (85.7) but we low the postwar high of 122.9 in 1957.

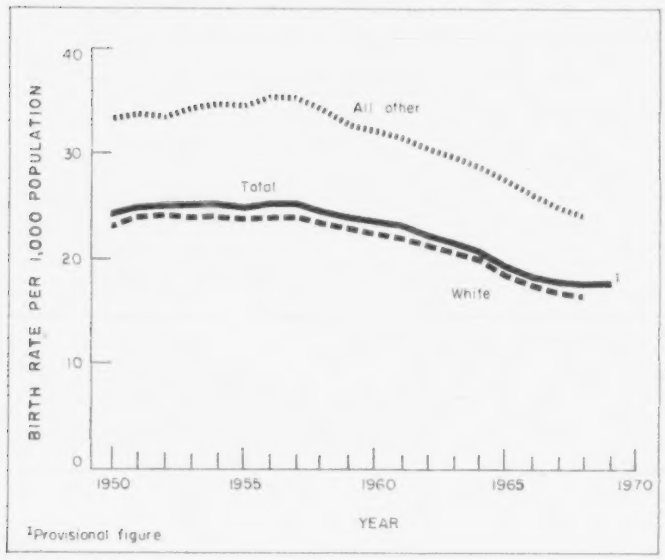
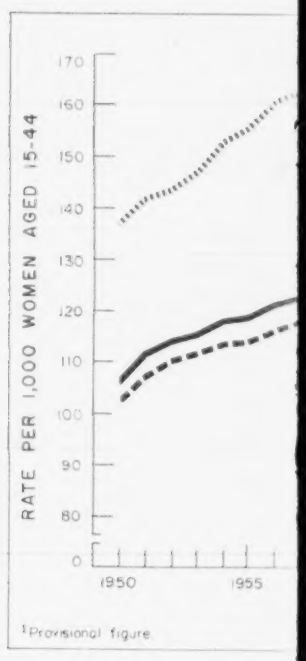


Chart 5. Birth rates by color: United States, 1950-68

Chart 6. Fertil
United State



[1] Provisional figure.

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69 the birth rate rose to 17.7 births per 1,000 population[1] from final figure of 17.5. This was the first annual increase since

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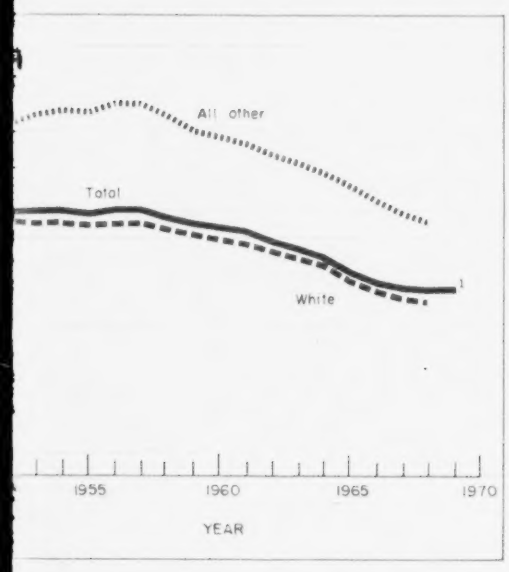

5. Birth rates by color: ited States, 1950-68

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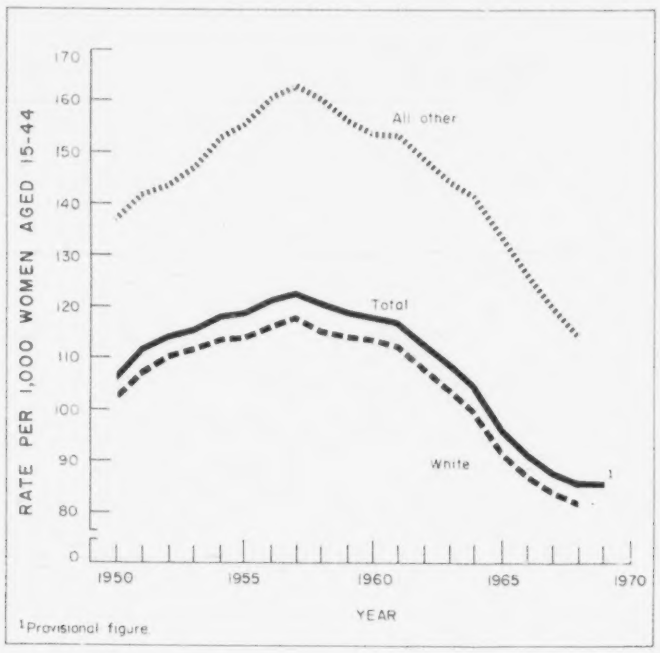
Chart 6. Fertility rates by color: United States, 1950-68



White mothers are better educated than other mothers. Approximately one-fifth of the white mothers of legitimate live births had some college education, according to data gathered in 1964-66, and some 7 percent were college graduates. Only one-tenth of the other mothers had any college education, with some 4 percent completing 4 years. Eleven percent of white mothers and more than one-fifth of the other mothers had only an elementary school education.

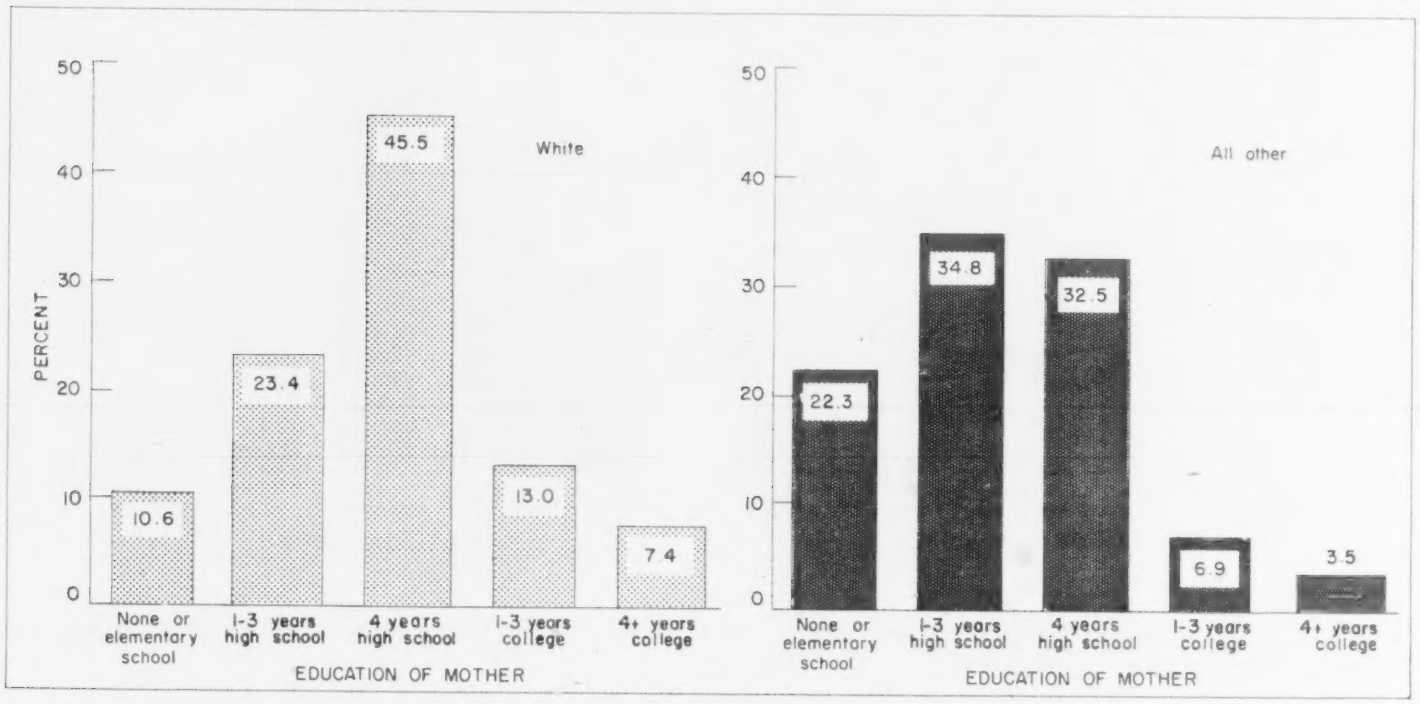


Chart 7. Percent distribution of legitimate live births by education of mother and color: United States, 1964-66

Mothers having their first or second legitimate live births are general
those with third or higher order births. According to 1964-66 data, some
having their first or second births had completed high school, as contra
cent of mothers with third or higher order births. While 7 percent of th
second order births had only an elementary school education, 18 percent
order births fell in this category.

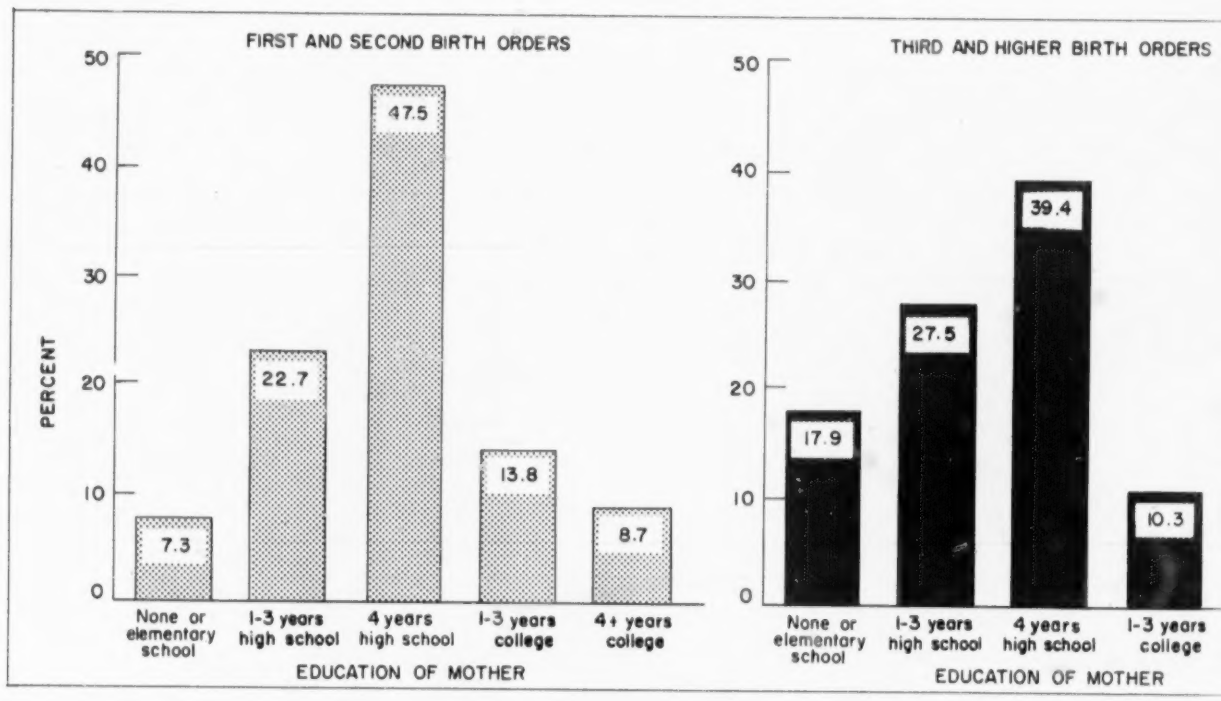
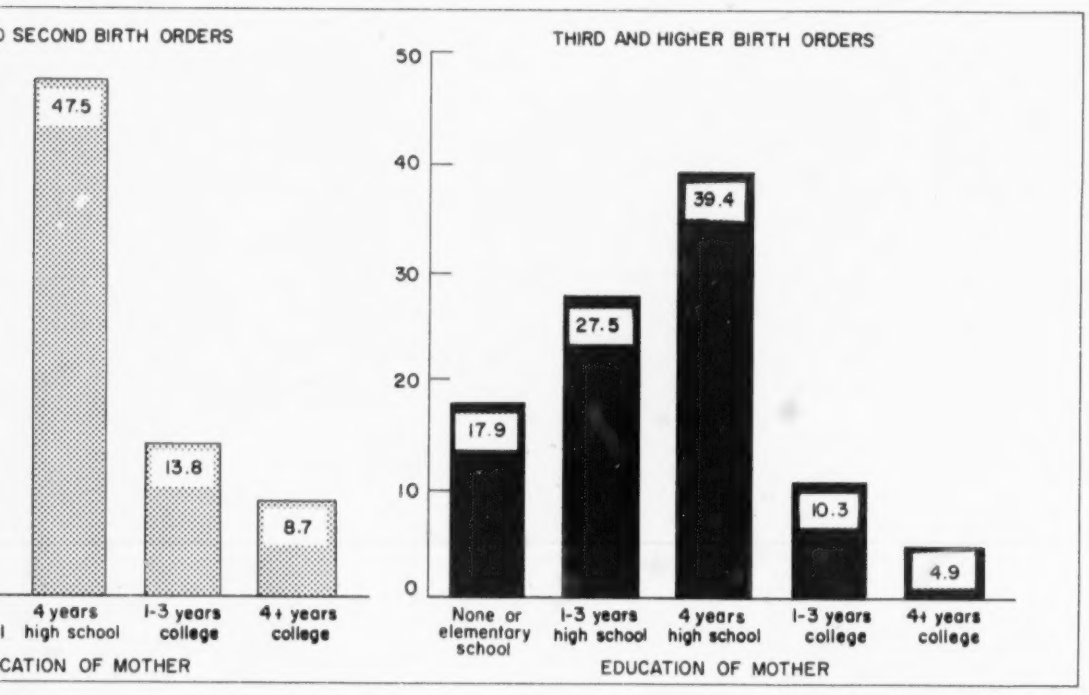


Chart 8. Percent distribution of legitimate live births by birth order a
tion of mother: United States, 1964-66

rst or second legitimate live births are generally better educated than order births. According to 1964-66 data, some 70 percent of mothers d births had completed high school, as contrasted with about 55 per- or higher order births. While 7 percent of the mothers with first or ly an elementary school education, 18 percent of mothers with higher ory.



distribution of legitimate live births by birth order and educa- United States, 1964-66

About 28 percent of white mothers having their first or second legitimate live births do not complete high school compared with some 43 percent of other than white mothers. Among mothers having third or higher order births, color differences in educational attainment are somewhat greater. Forty-one percent of white mothers with third or higher order births did not complete high school, according to 1964-66 data. This compared with two-thirds of the other mothers.

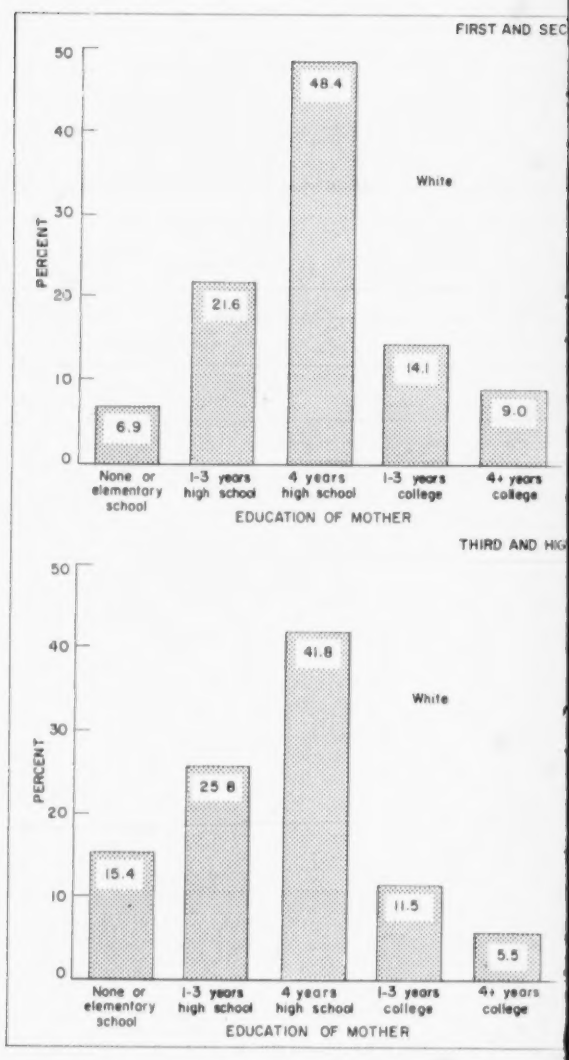


Chart 9. Percent distribution of order, color, and education of m

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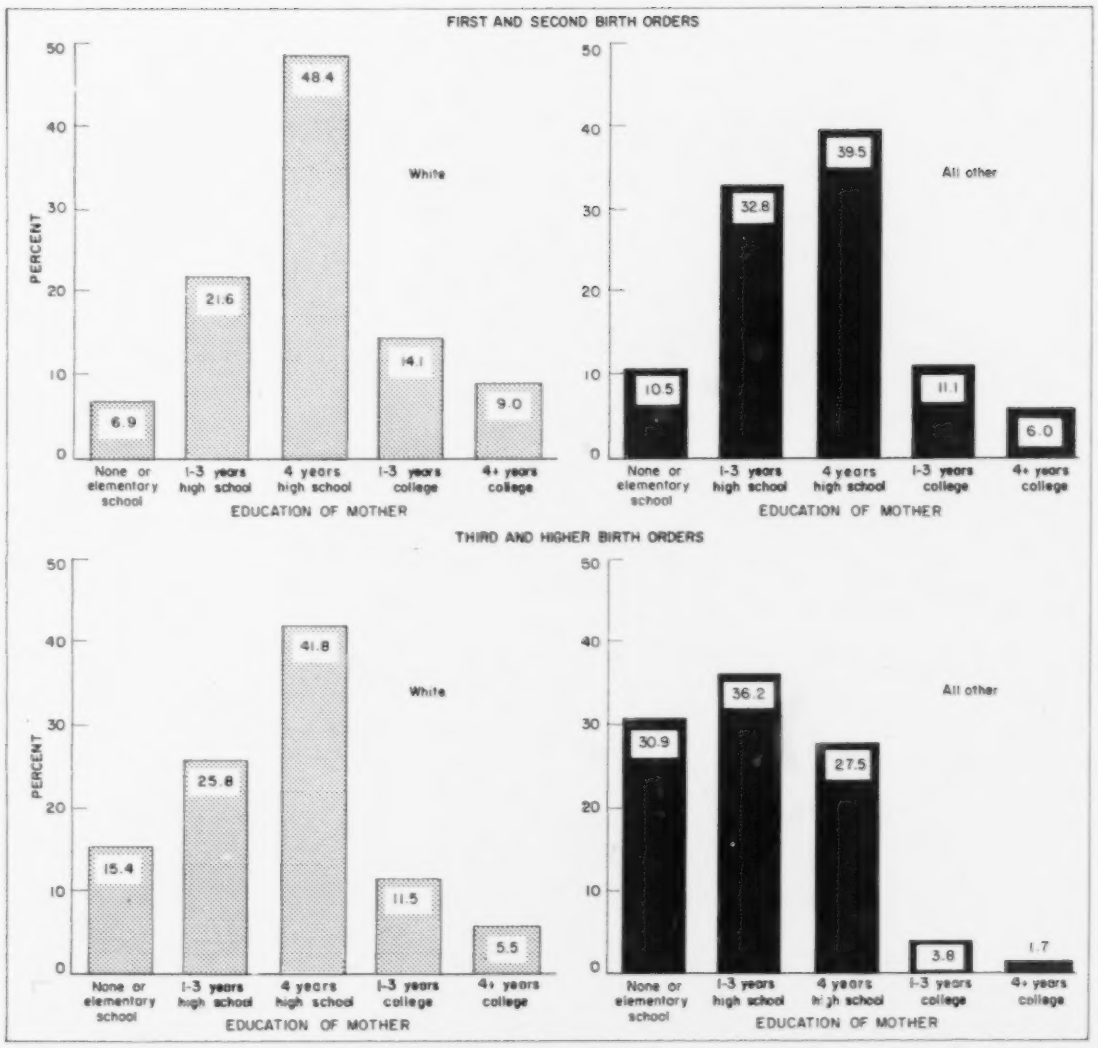
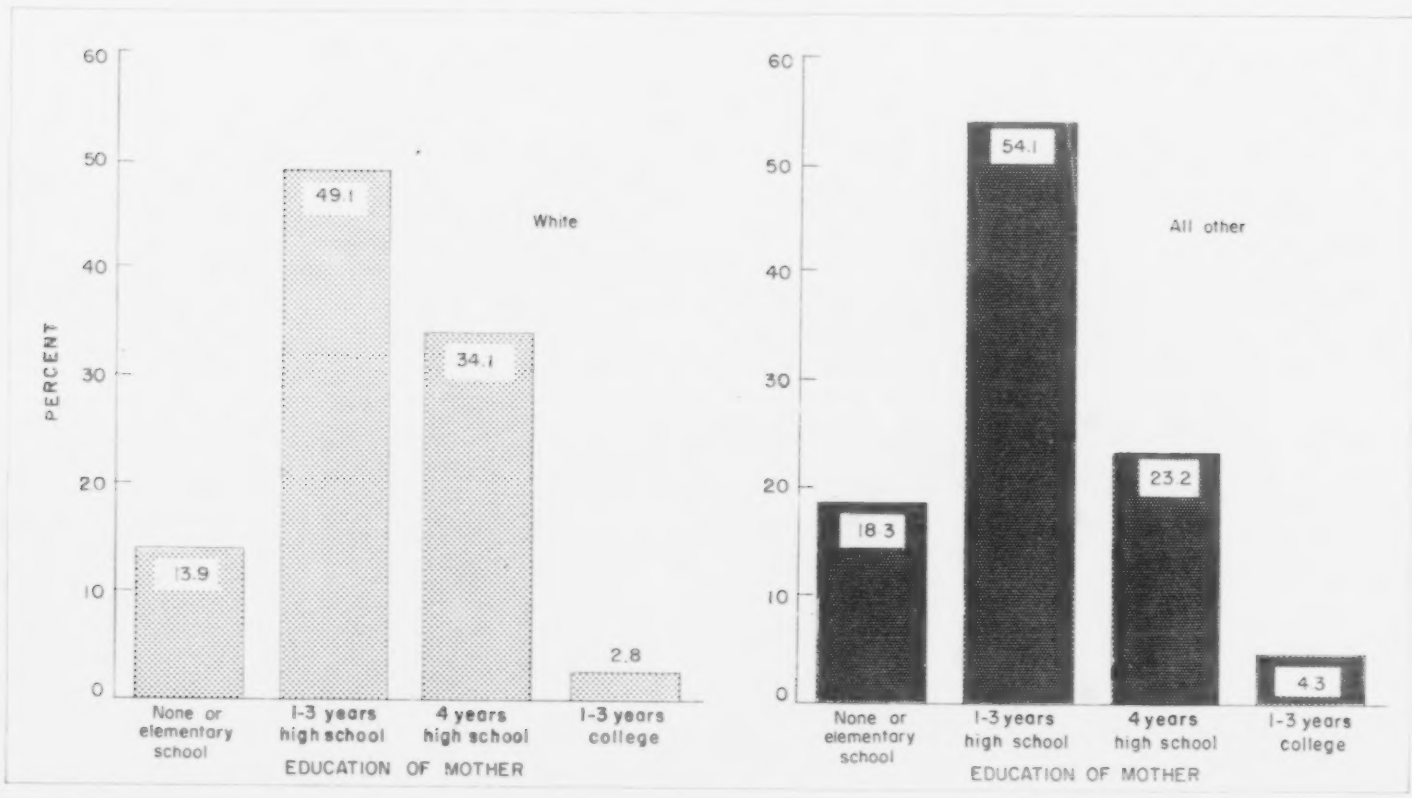


Chart 9. Percent distribution of legitimate live births by birth order, color, and education of mother: United States, 1964-66

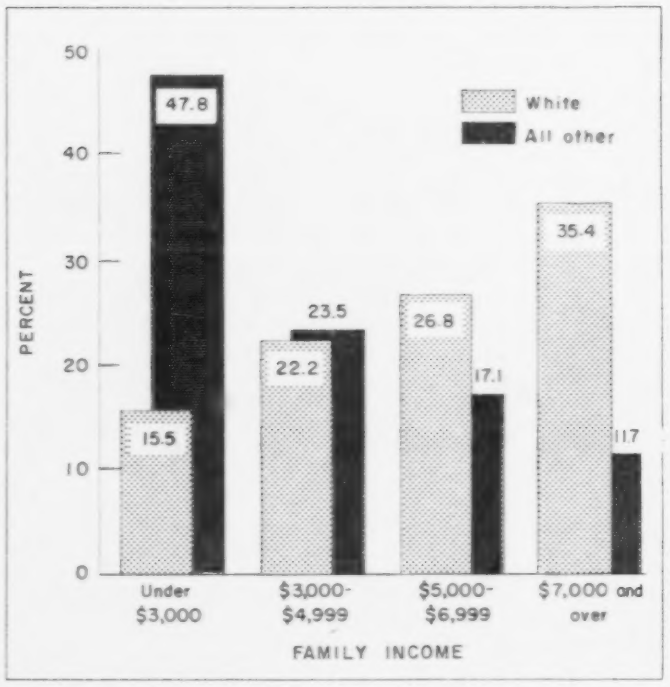
Chart 10. Percent distribution of legitimate live births to mothers aged 15–19 by color and education: United States, 1964–66



Young mothers of legitimate live births, regardless of color, are less well educated than the older age group. The 1964-66 data show that the majority of all mothers 15-19 years of age had not completed high school. Only 37 percent of the young white mothers finished high school compared with 28 percent of the other mothers.

The distribution of legitimate live births by family income is strikingly different for white mothers and other mothers. About 35 percent of the white children were born into families with income of $7,000 or more in 1964-66 and only 16 percent into families with income less than $3,000. In contrast only 12 percent of the other children were born into families with income of $7,000 or more and 48 percent into families with income less than $3,000.

Chart 11. Percent distribution of legitimate live births by family income and color: United States, 1964-66



Infants with low birth weight—those with birth weight of 5 p
ounces (2,500 grams) or less—are subject to higher than averag
bidity and mortality rates. For example, 1960 data show that the r
ity rate was 30 times greater in the first 4 weeks of life for those
than for babies with birth weight greater than 2,500 grams. Rel
more babies with low birth weight were born to mothers wh
very young, other than white, and who lived in urban places.

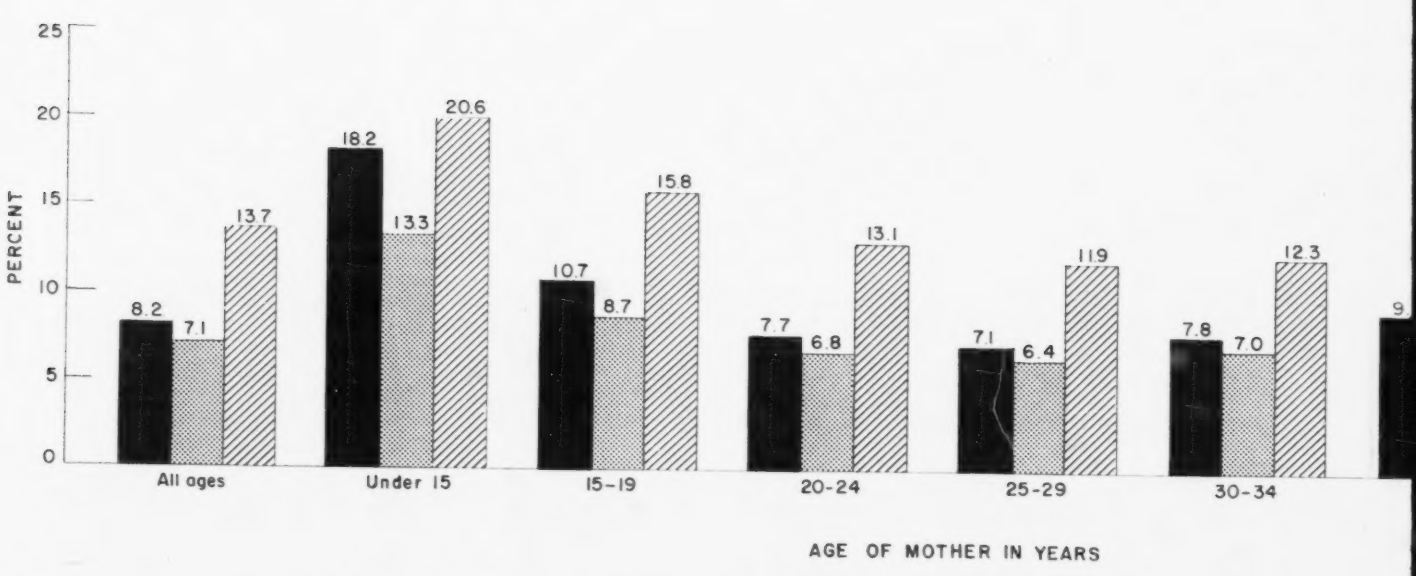
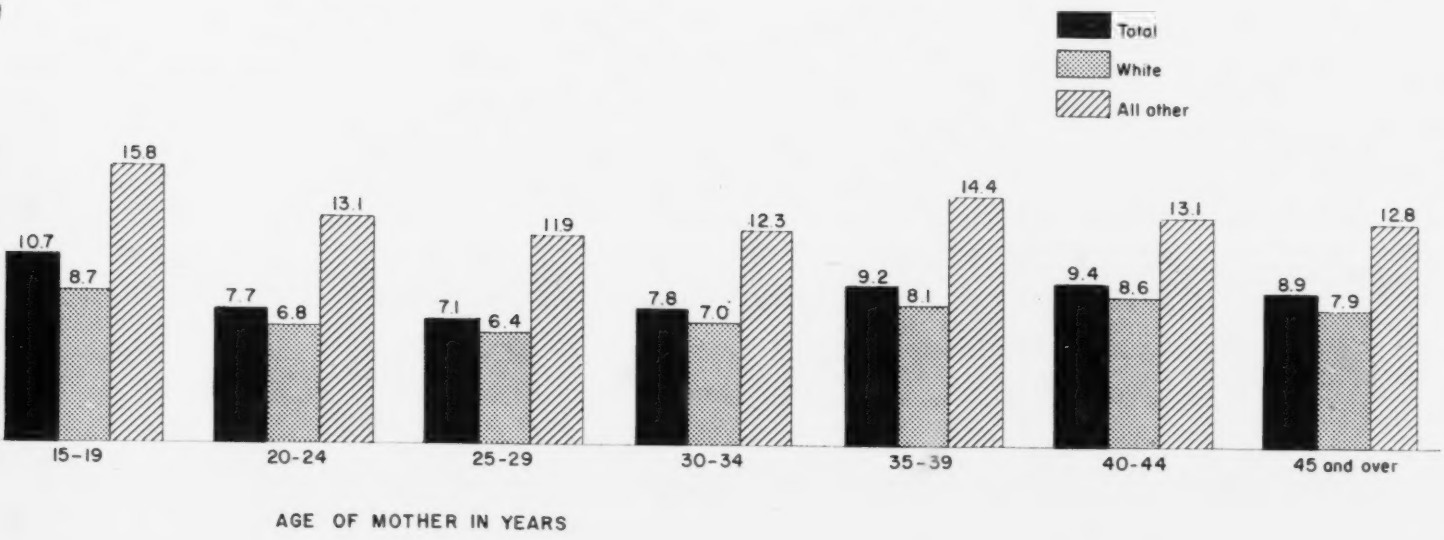


Chart 12. Births with low birth weight as percent of total births in each group
United States, 1968

low birth weight—those with birth weight of 5 pounds 8 ams) or less—are subject to higher than average mor- lity rates. For example, 1960 data show that the mortal- imes greater in the first 4 weeks of life for those babies with birth weight greater than 2,500 grams. Relatively ith low birth weight were born to mothers who were r than white, and who lived in urban places.



rth weight as percent of total births in each group, by age of mother and color:

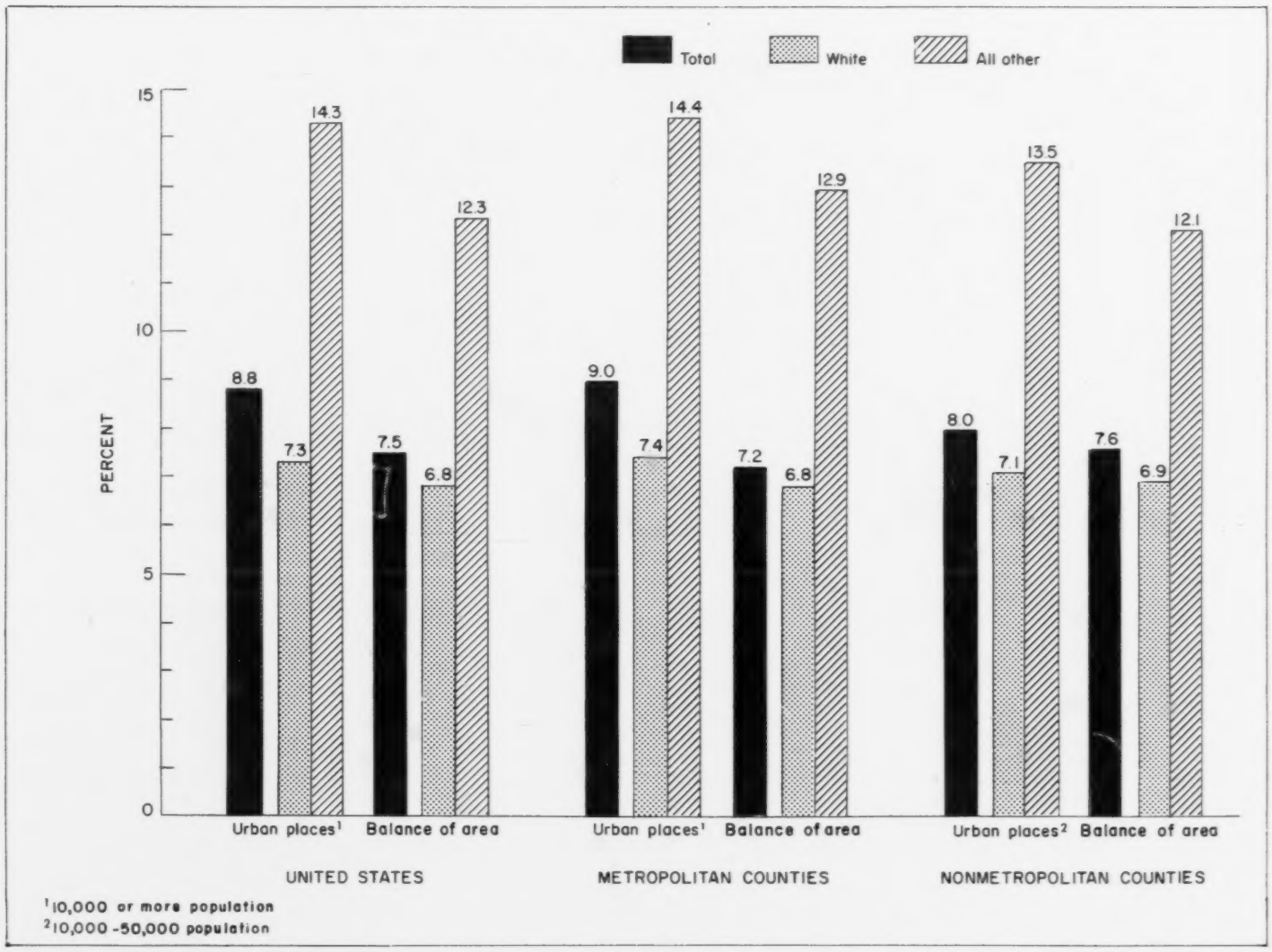


Chart 13. Percent of births with low birth weight, by place of residence of mother and color: United States, 1968

The total illegitimacy rate (illegitimate births per 1,0
women 15-44 years of age) has risen from 7.1 in 1940 to
The rates vary considerably by age of mother and by colo

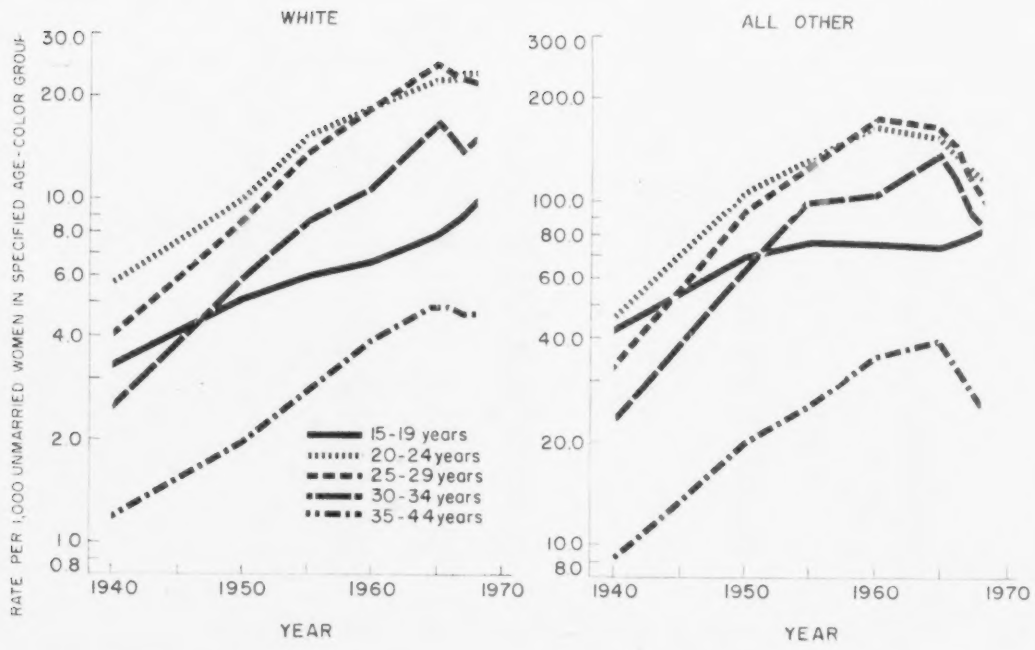


Chart 14. Estimated illegitimacy rates, by age of mother and color: United States, 1940, 1950, and 1955-68

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e total illegitimacy rate (illegitimate births per 1,000 unmarried
15-44 years of age) has risen from 7.1 in 1940 to 24.4 in 1968.
es vary considerably by age of mother and by color.

gitimacy rates, by age of mother
ates, 1940, 1950, and 1955-68

If the assumption is made that first births within 8 months of first marriages are premarital conceptions, then the data indicate that of the 1,174,000 first births to women aged 15-44 which occurred in the United States each year during 1964-66, 218,000 (or 19 percent) resulted from premarital conceptions of legitimate births.

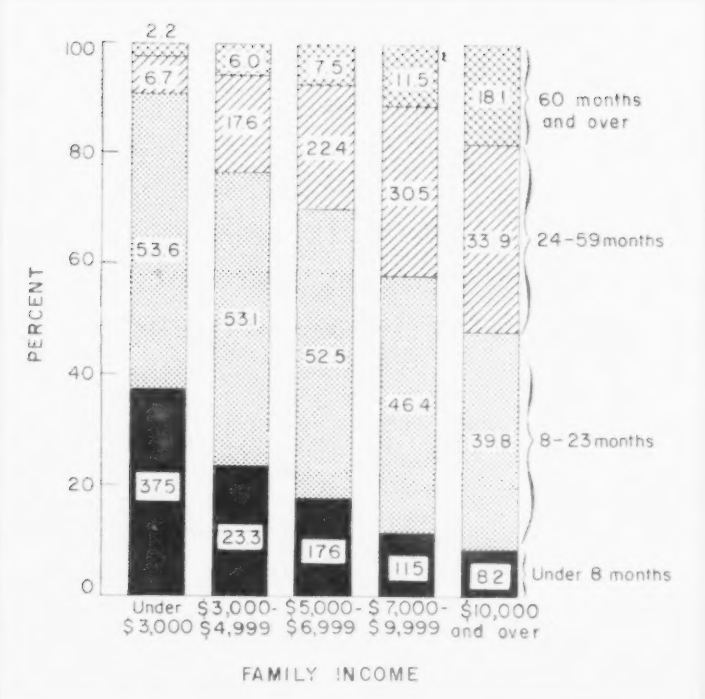


Chart 15. Percent distribution of mothers of first births by interval from first marriage to first birth, according to family income: United States, 1964 – 66

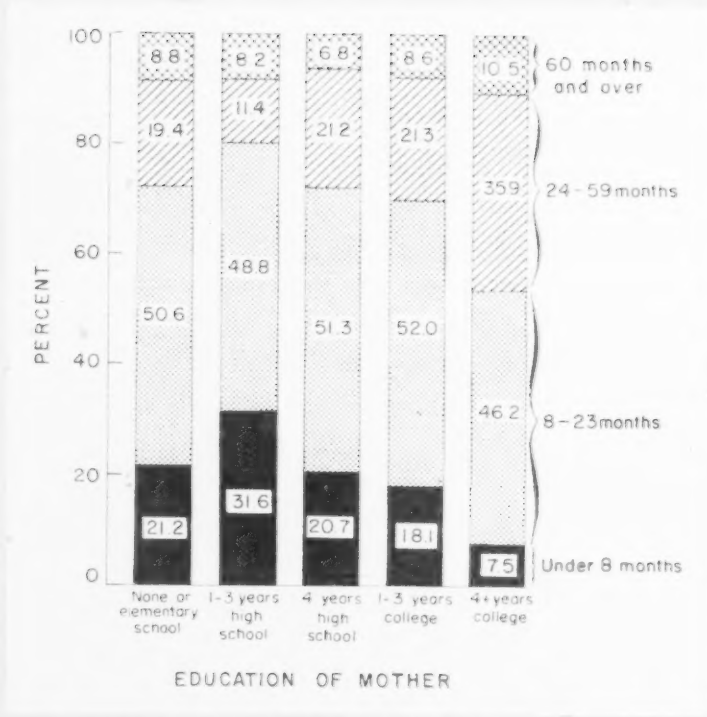


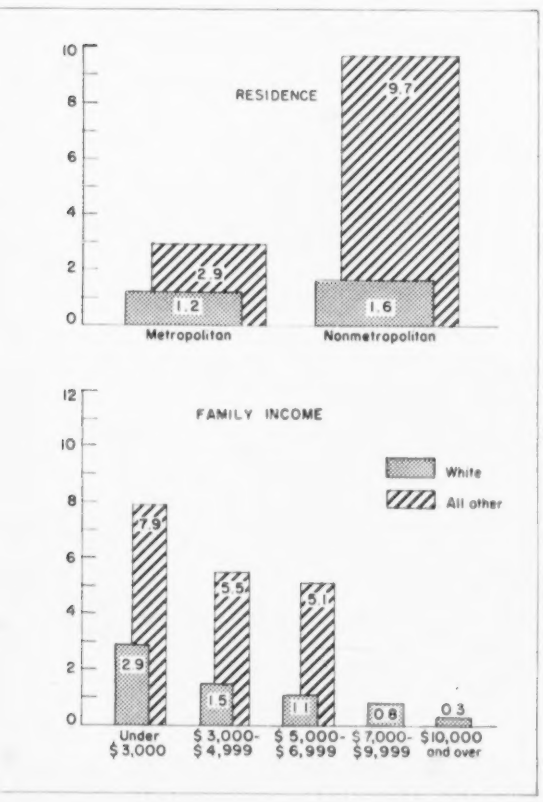
Chart 16. Percent distribution of mothers of first births by interval from first marriage to first birth, according to education of mother: United States, 1964 – 66

The Family

Education, family income, geographic region, and met
residence all have a bearing on the prenatal care a mother
of the mother is an even more important determinant in the matte

Chart 17. Percent of mothers who recieved no prenatal care by color and education, 1962 family income, geographic region, and place of residence: United States, 1963 births

y income, geographic region, and metropolitan or nonmetropolitan a bearing on the prenatal care a mother receives. However, the color en more important determinant in the matter of prenatal care.



o recieved no prenatal care by
nily income, geographic region,
d States, 1963 births

Proportionately, fewer white mothers at all family income levels have no health insurance coverage for hospital care at time of delivery than do other mothers. According to a 1964-66 study, when family income was under $3,000, some 78 percent of white mothers had no health insurance as compared with about 82 percent of other mothers. At the family income level of $10,000 and over, about 17.5 percent of white mothers were without this insurance coverage as contrasted with about 36.2 percent of other mothers.

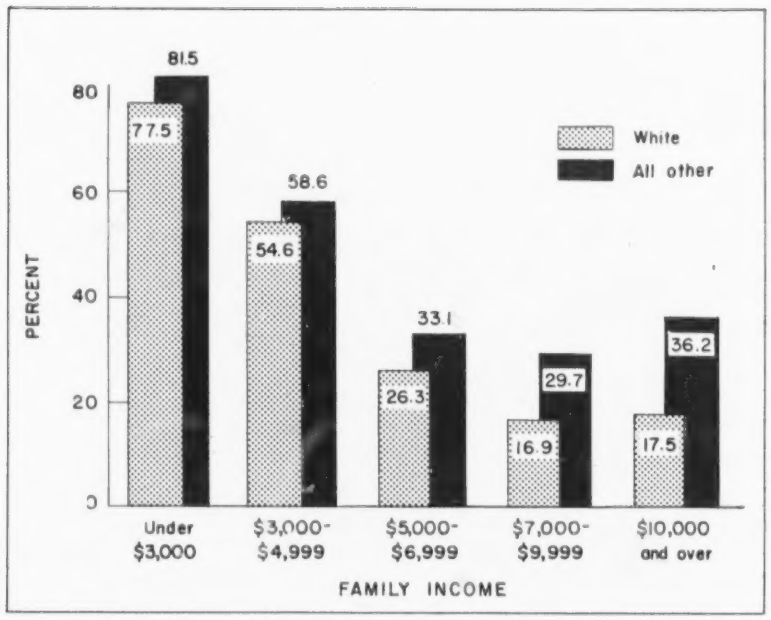
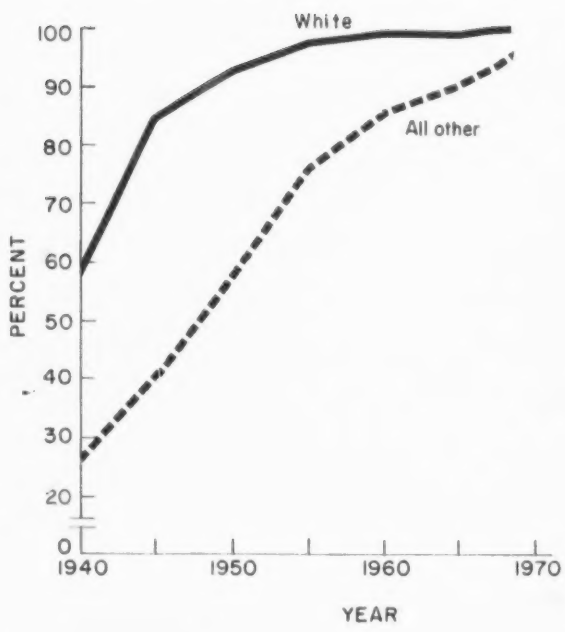


Chart 18. Percent of mothers of legitimate live births with no health insurance coverage for hospital care at time of delivery, by family income and color: United States, 1964-66



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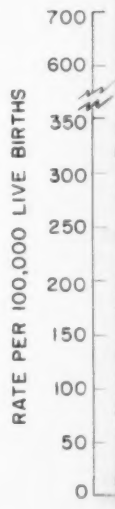

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Today most births regardless of color occur in hospitals.

Maternal mortality has declined, but a large differential by color still exists.

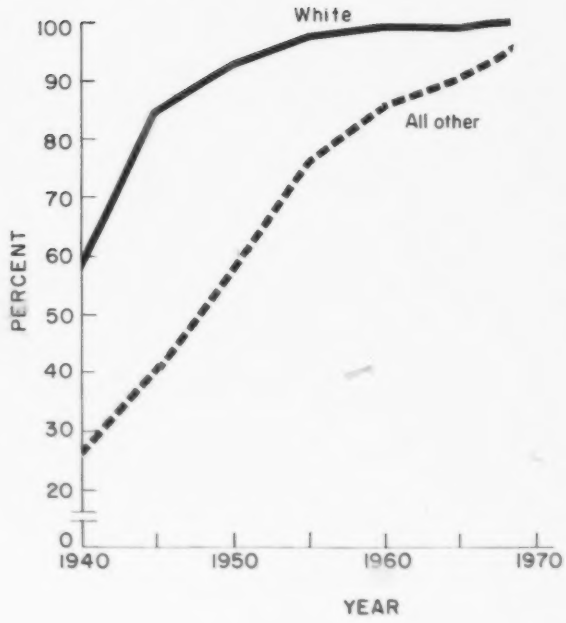

Chart 19. Hospital births as a percent of all births, by color: United States, 1940 – 68

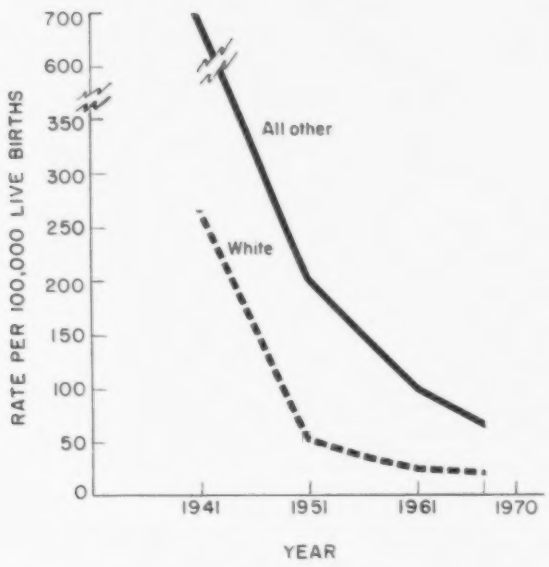

Chart 20. Maternal mortality rates by color: United States, 1941–67

As the divorce rate continues to climb, more children find themselves in one-parent homes. An estimated 701,000 children were involved in the 523,000 divorces and annulments granted in this country in 1967. As long as the proportion of children involved in divorce stays at the 1967 level, one child in six will lose a parent through divorce by the time he is 18.

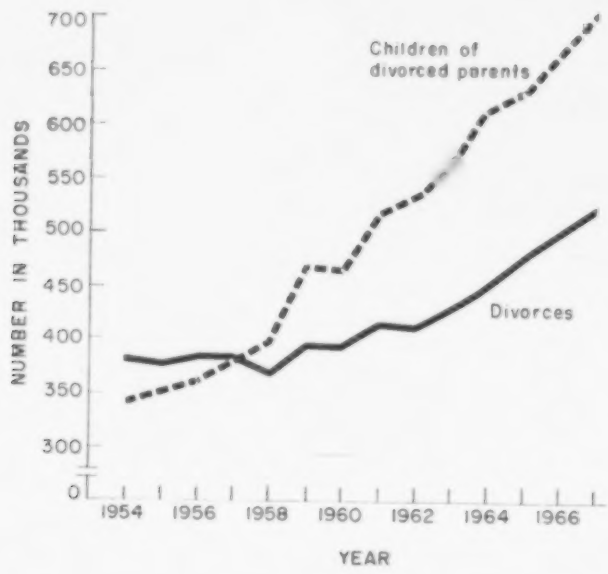

Chart 21. Number of children of divorced parents and number of divorces: United States, 1954–67

The divorce rate is highest among married teenagers.

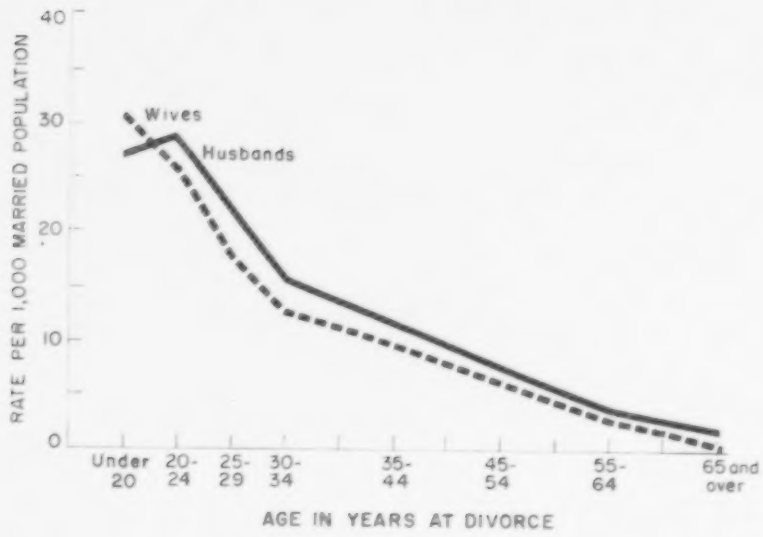

Chart 22. Estimated age-specific divorce rates: United States, 1965

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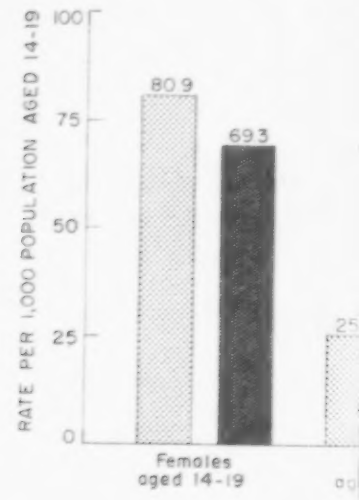

Chart 23. Teenage m
rates: United Stat
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ng married teenagers.

Fortunately, from the point of view of the divorce rate, the teenage marriage rate declined for females and increased only slightly for males during the sixties.

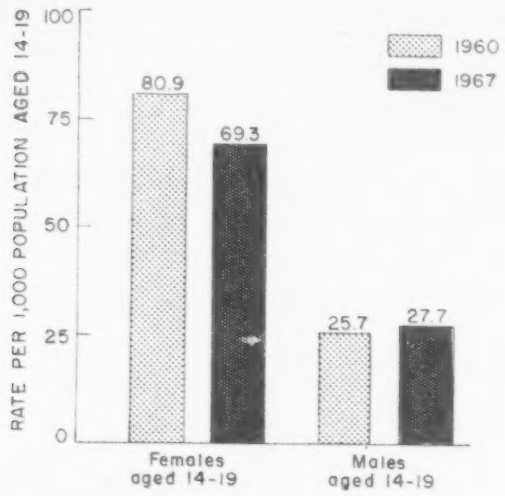

Chart 23. Teenage marriage rates: United States, 1960 and 1967

5-
4
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divorce

Part II. Growing Up Can Be Hazardous

Acute conditions[2] are the major cause of illness among children. Respiratory conditions account for 6 of 10 of the acute conditions.

[2]An acute condition is defined as a condition which has lasted less than 3 months and has required either medical attention or restricted activity.

Table 4. Number of acute conditions
age 17 per year and percent distr
1968

Condition	Nu 100 p
All acute conditions------	
Respiratory conditions----------	
Upper respiratory conditions--	
Influenza----------	
Other respiratory conditions--	
Infective and parasitic diseases-	
Injuries----------	
Digestive system conditions-----	
All other acute conditions------	

II. Growing Up Can Be Hazardous

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Table 4. Number of acute conditions per 100 children under age 17 per year and percent distribution: United States, 1968

Condition	Number per 100 children per year	Percent distribution
All acute conditions------	275.5	100.0
Respiratory conditions----------	163.4	59.3
Upper respiratory conditions--	98.7	35.8
Influenza----------	59.1	21.5
Other respiratory conditions--	5.5	2.0
Infective and parasitic diseases-	38.6	14.0
Injuries----------	31.3	11.4
Digestive system conditions-----	12.0	4.3
All other acute conditions------	30.2	11.0

About 1 in 10 of all acute conditions among children are injuries. Children's injuries severe enough to result in at least 1 day of restricted activity and/or medical attention numbered some 20 million in 1968.

Table 5. Number of injuries per 100 children under age 17 per year and percent distribution: United States, July 1965-June 1967

Injury	Number per 100 children per year	Percent distribution
All current injuries	29.4	100.0
Lacerations and abrasions	12.8	43.7
Contusions	3.2	10.7
Skull fractures and head injuries	2.4	8.0
Other fractures and dislocations	2.5	8.5
Sprains and strains of back	0.4	1.3
Other sprains and strains	2.7	9.3
Adverse effects of medical and surgical procedures	2.2	7.4
Burns	1.1	3.8
Poisonings	0.9	3.1
All other current injuries	1.2	4.2

Over two-thirds of the injuries among preschool children occur in or around their homes. As children grow older, other locations become more important as the scenes of accidents.

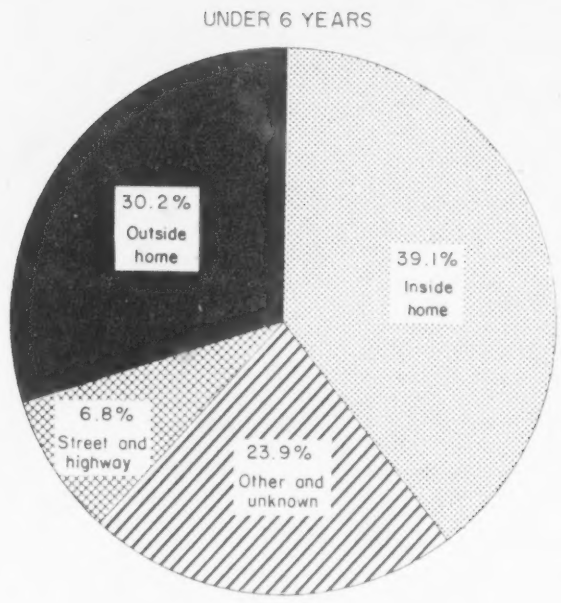

Chart 24. Percent distribution of injured children by place of accident and age: United States, July 1965 – June 1967

Accidents, the leading cause of death among children betwee
ages of 1 and 15, accounted for 12,948 deaths in 1967.

Table 6. Deaths and death rates for the 5 leading causes of death of children aged 1-4: United States, 1967

Cause of death	Number	Rate per 100,000 children in age group
All causes	13,506	86.3
Accidents	5,074	32.4
Congenital malformations	1,516	9.7
Influenza and pneumonia, except pneumonia of newborn	1,443	9.2
Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues	1,283	8.2
Meningitis, except meningococcal and tuberculous	311	2.0

Table 7. Deaths and death rates for the 5 lea
aged 5-14: United State

Cause of death
All causes
Accidents
Motor venicle accidents
Other accidents
Malignant neoplasms, including neoplasms of lym
hematopoietic tissues
Congenital malformations
Influenza and pneumonia (except pneumonia of ne
Diseases of heart

As reported in household interviews, children have fewer chronic conditions than adults and they have different kinds of conditions.[3] About 15.5 million, or 23.2 percent, of the children under age 17 have one chronic condition or more. Allergies and respiratory conditions are the most common, with approximately 1 in 10 children reporting a chronic allergic condition.

Table 8. Prevalence of
tions per 1,000 chil
United States, July 19

Condition
Hayfever, asthma, and
allergies
Respiratory conditions
Orthopedic impairments
paralysis
Speech, hearing, and vi
impairments
Speech impairments
Hearing impairments
Visual impairments
Skin infections and dis
Digestive system condi
Mental and nervous condi

[3] Chronic conditions are those which are reported to have had their onset more than 3 months before the date of interview plus selected conditions which by their nature are chronic regardless of the date of onset.

nts, the leading cause of death among children between the
nd 15, accounted for 12,948 deaths in 1967.

leading causes of death of children
ates, 1967

	Number	Rate per 100,000 children in age group
----------	13,506	86.3
----------	5,074	32.4
----------	1,516	9.7
newborn---------	1,443	9.2
ymphatic and		
----------	1,283	8.2
us----------	311	2.0

Table 7. Deaths and death rates for the 5 leading causes of death of children aged 5-14: United States, 1967

Cause of death	Number	Rate per 100,000 children in age group
All causes----------	16,893	41.4
Accidents----------	7,874	19.3
Motor vehicle accidents----------	3,845	9.4
Other accidents----------	4,029	9.9
Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues----------	2,711	6.6
Congenital malformations----------	977	2.4
Influenza and pneumonia (except pneumonia of newborn)--------	699	1.7
Diseases of heart----------	341	0.8

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are those which are reported to have
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nditions which by their nature are
e date of onset.

Table 8. Prevalence of selected chronic conditions per 1,000 children under age 17, by sex: United States, July 1966-June 1967

Condition	Boys	Girls
Hayfever, asthma, and other allergies----------	106.7	90.2
Respiratory conditions----------	59.9	51.0
Orthopedic impairments and paralysis----------	24.8	22.0
Speech, hearing, and visual impairments----------	28.1	16.9
Speech impairments----------	11.9	5.0
Hearing impairments----------	9.6	6.3
Visual impairments----------	6.5	5.6
Skin infections and diseases----	14.3	15.8
Digestive system conditions----	13.2	8.5
Mental and nervous conditions---	7.3	6.0

Part III. The Impact of Illness

Data from health examinations among a representative sample of American children 6-11 years of age living outside institutions show that many of these children have impairments which may interfere with social and emotional development as well as with school and subsequent life achievement.

They show that 1 out of 9 (11.1 percent) have defective binocular visual acuity. The proportion increases consistently with age from 7.4 percent at age 6 years to 17.2 percent at age 11 and remains higher among girls than boys throughout the age range.

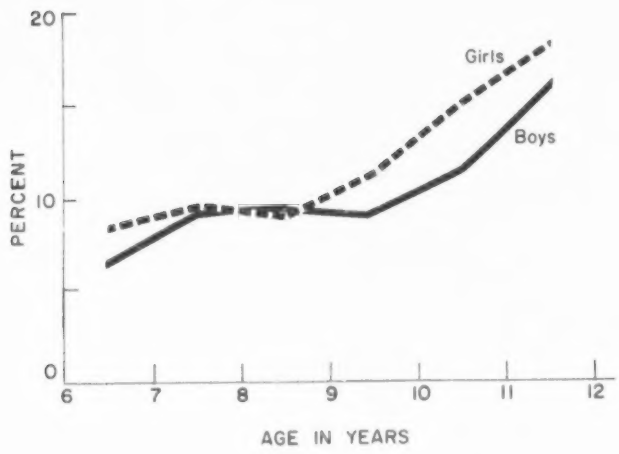

Chart 25. Proportion of children aged 6-11 with defective binocular visual acuity at distance (20/40 or less without correction), by age and sex: United States, 1963-65

. The Impact of Illness

xaminations among a representative sample of
years of age living outside institutions show
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ortion increases consistently with age from 7.4
to 17.2 percent at age 11 and remains higher
roughout the age range.

Chart 25. Proportion of children aged 6-11 with defective binocular visual acuity at distance (20/40 or less without correction), by age and sex: United States, 1963-65

Less than 1 percent of the children 6-11 years of age living outside institutions have defective hearing to the extent that they have difficulty understanding speech. The estimate is based on audiometric test findings in the health examinations of children in this age range.

Chart 26.
aged 6-
handicap
hearing
range in
sex: Unit

About 1 out of 12 children (8.4 percent) in the noninstitutional population 6-11 years of age have speech defects or other problems with talking. These defects are more prevalent among younger children than among the older, the rate decreasing from 12.8 percent at 6 years to 6.2 percent at 11 years of age.

Chart 27. Pr
6-11 with
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hey have difficulty under-
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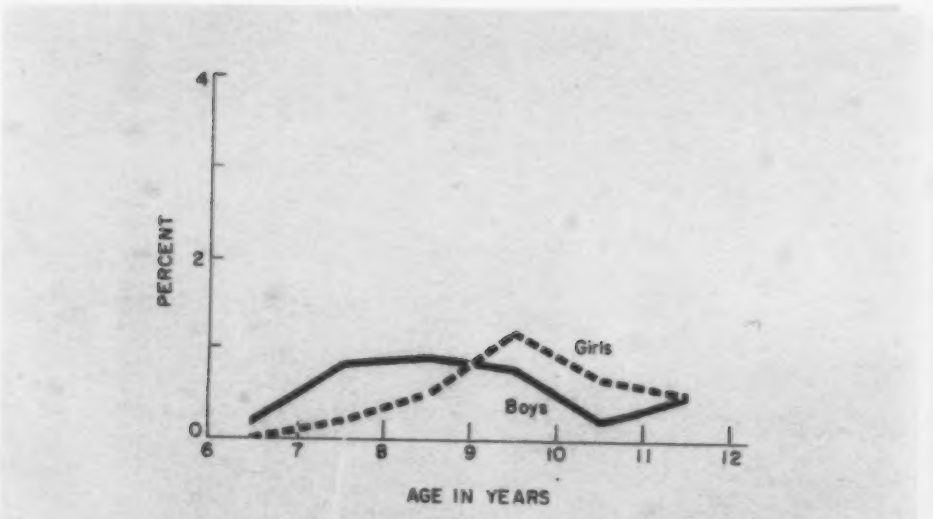

Chart 26. Proportion of children aged 6–11 with some hearing handicap (16 decibels or greater hearing loss for essential speech range in better ear), by age and sex: United States, 1963–65

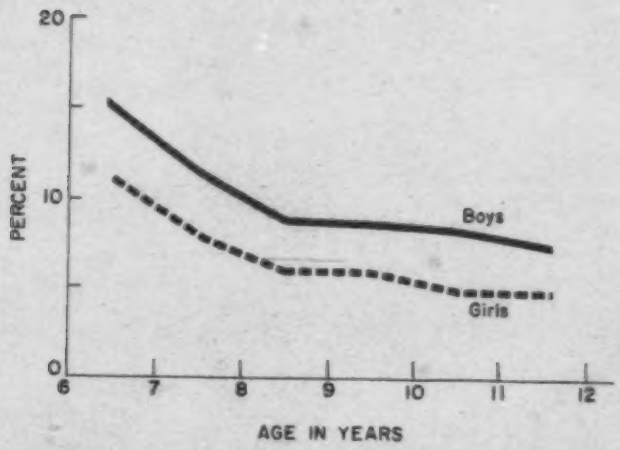

Chart 27. Proportion of children aged 6–11 with speech defects or other problems with talking, by age and sex: United States, 1963–65

Family income has little relation to the number of restricted activity days among children. However, children from families where the head of the family has at least some college education report more restricted activity days than do children from families with lower educational backgrounds.

Illness or injury causes the average child to have about 10 days per year of restricted activity—days on which the child cuts down for a whole day on the things he usually does. Slightly less than half of these days are spent in bed. White children have more restricted activity than other children.

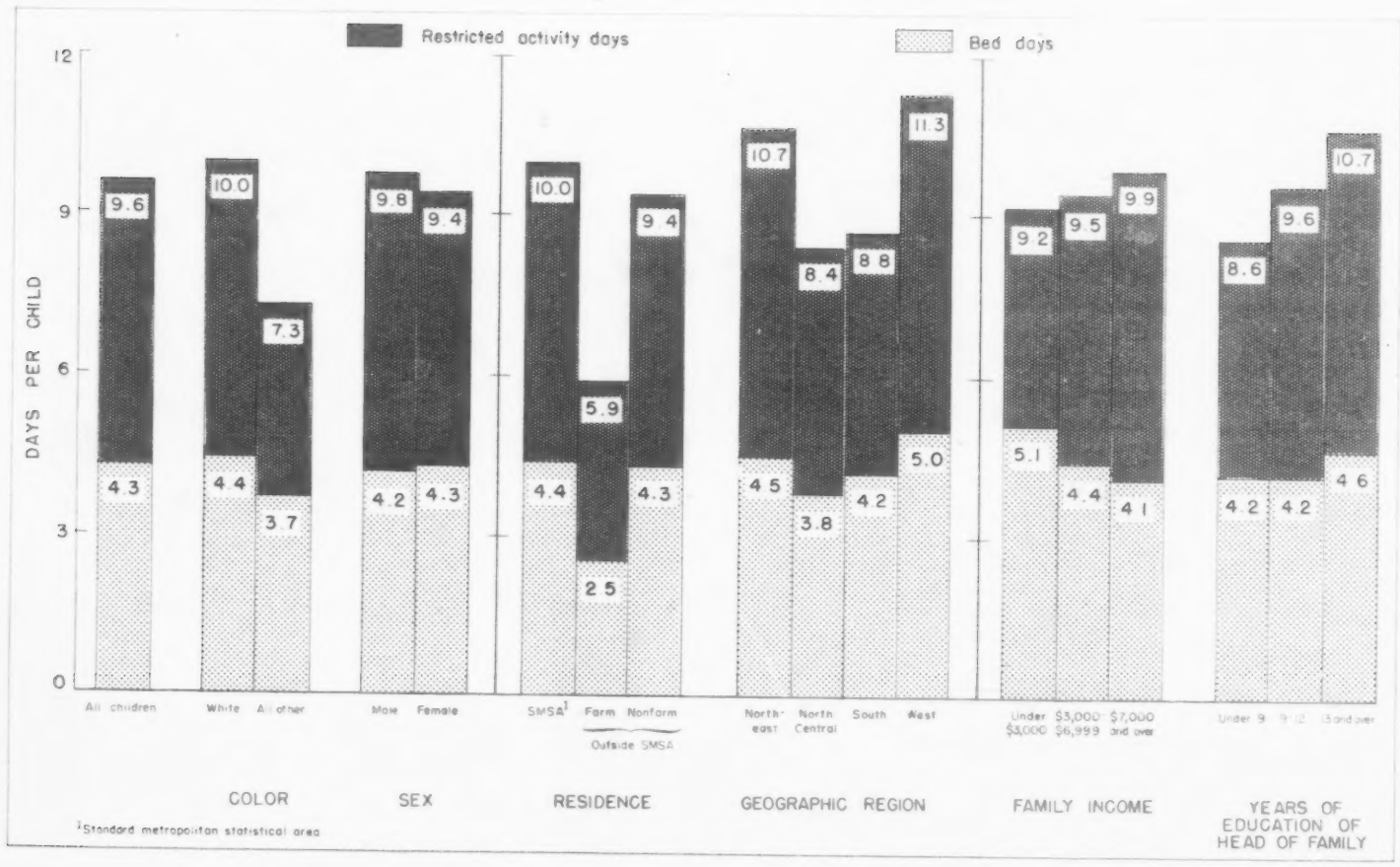

Chart 28. Days of restricted activity and days in bed per child under age 17, by color, place of residence, geographic region, family income, and education of head of family: United States, July 1966–June 1967

Table 9. Percent distribution of days of restricted activity for children under age 17 by leading causes of restriction: United States, 1968

Condition	Percent
All causes of restriction-	100.0
Chronic conditions----------	9.4
Acute conditions----------	90.6
Respiratory conditions--------	51.4
Infective and parasitic diseases----------	14.7
Injuries----------	12.1
Digestive system conditions---	3.8
Other acute conditions--------	8.6

Children aged 6-16 lost an average of 4.9 days from school during 1968 because of illness. Rural children lost more days than did urban children.

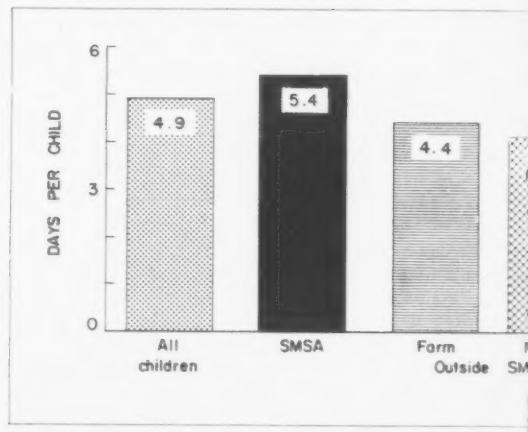

Chart 29. Number of school-l
place of residence: United

Chart 30. Number of children
per 1,000 children, by color

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Acute conditions as a group is the major cause of restricted activity in children, resulting in over 90 percent of all their restricted activity. Acute respiratory conditions is the major specific cause.

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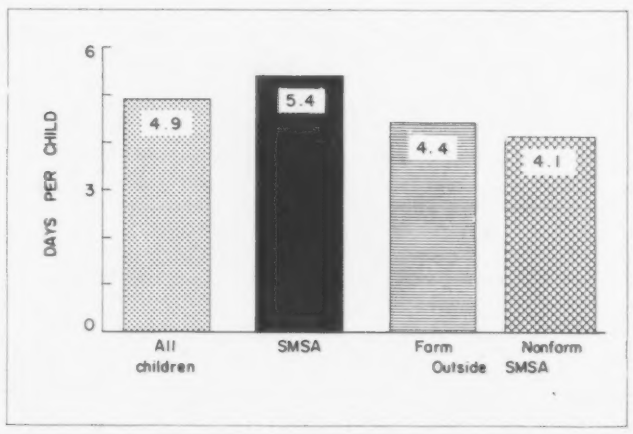


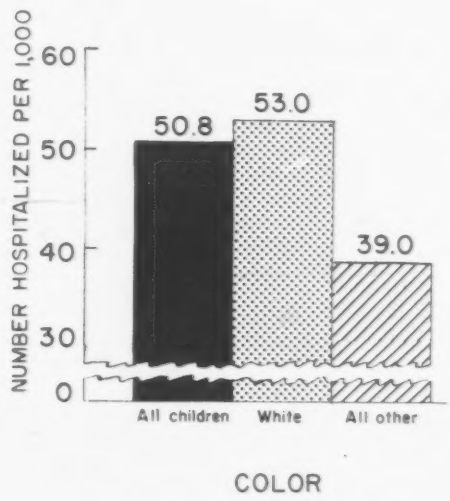


Chart 29. Number of school-loss days per child aged 6-16, by place of residence: United States, 1968

Chart 30. Number of children under age 15 hospitalized per year per 1,000 children, by color: United States, 1968

Three million children under age 15 were hospitalized in 1968. Each child hospitalized spent an average of 6.3 days in the hospital during the year. White children were more likely to be hospitalized than other children. However, white children stayed in the hospital only half as long as other children.

Although family income did not have much relationship to whether a child was hospitalized, children from families with less than $3,000 income stayed in the hospital twice as long as children from families with incomes of $10,000 or more.

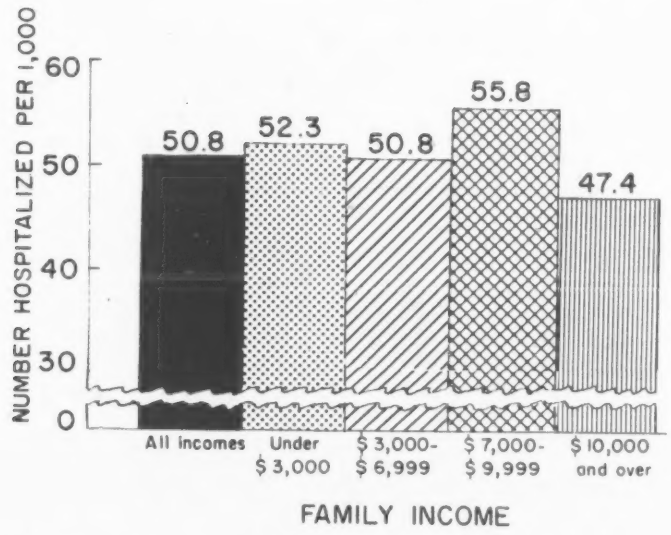
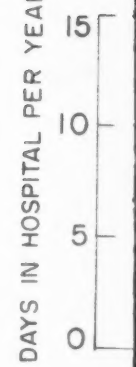


Chart 32. Number of children under age 15 hospitalized per year per 1,000 children, by family income: United States, 1968



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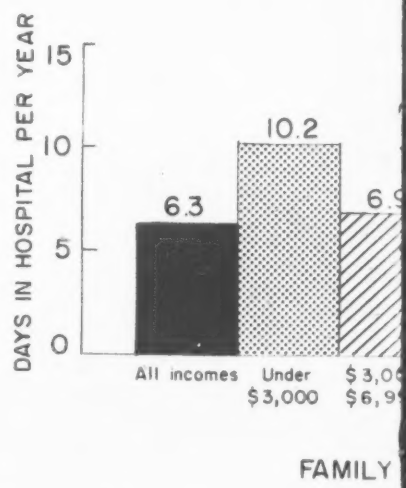

Chart 33. Number of da
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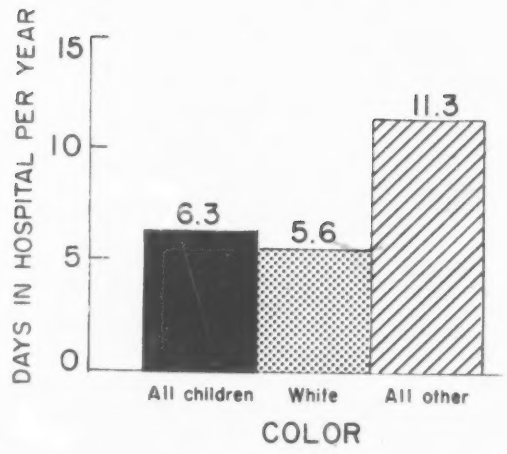
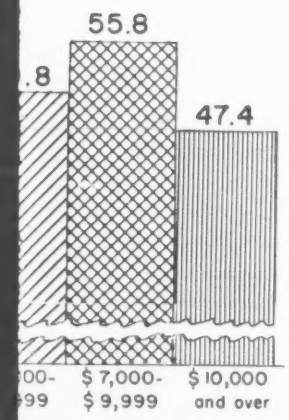


Chart 31. Number of days in hospital per year per child hospitalized under age 15, by color: U.S., 1968



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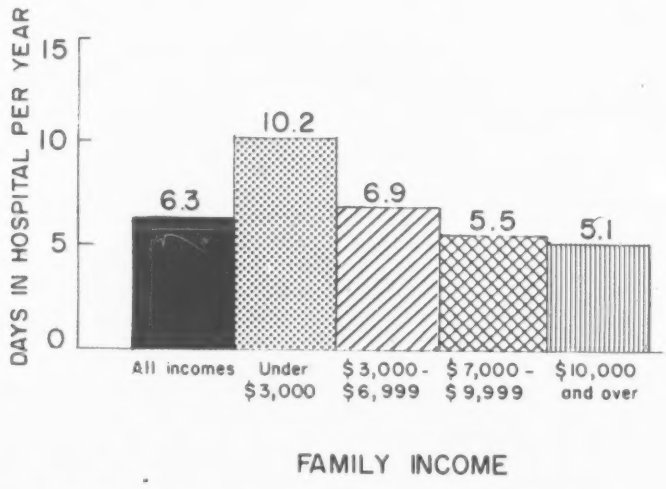

Chart 33. Number of days in hospital per year per child hospitalized under age 15, by family income: United States, 1968

Diseases of tonsils and adenoids is by far the leading cause of hospitalization for children. However, the average length of stay for tonsillectomies is shorter than for any of the other leading causes of hospitalization.

Table 10. Number and rate of discharges from hospitals and average length of stay, for children under age 15, by the leading causes of hospitalization: United States, 1967

Cause of hospitalization	Number of discharges (1,000's)	Discharge rate per 10,000 children[1]	Average length of stay in days
Respiratory diseases:			
Acute upper respiratory infections---	233	39	4.6
Pneumonia, all forms----------	289	48	7.8
Acute bronchitis----------	81	14	6.0
Hypertrophy of tonsils and adenoids--	859	144	2.0
Appendicitis----------	123	21	5.8
Inguinal hernia----------	111	19	3.4
Gastroenteritis----------	184	31	4.3
Congenital malformations----------	126	21	8.4
Fractures, all sites----------	201	34	6.7
Head injury (excluding skull fracture)-	85	14	3.5

[1] Based on estimated noninstitutional population of 59,812,000.

NOTE: Excludes newborn infants. Includes noninstitutional, short-stay hospitals exclusive of Veterans Administration and military hospitals.

Boys have more surgical operations than girls, the difference being considerable for reduction of fractures and repair of inguinal hernia.

Table 11. Number and rate of discharges from hospitals for children under age 15, by the leading surgical procedures, by sex: United States, 1967

Surgical procedure	Number of discharges (1,000's)			Rate of discharges per 100,000 children[1]	
	Both sexes	Boys	Girls	Boys	Girls
Tonsillectomy with or without adenoidectomy	853	441	408	1,449.1	1,388.7
Appendectomy	145	77	67	253.0	228.0
Operations on tympanum	130	72	57	236.6	194.0
Reduction of fracture without internal fixation	129	84	45	276.0	153.2
Repair of inguinal hernia	121	107	14	351.6	47.7

[1]Based on estimated noninstitutional population of 30,432,000 for boys and 29,380,000 for girls.

NOTE: Excludes newborn infants. Includes noninstitutional, short-stay hospitals exclusive of Veterans Administration and military hospitals.

Part IV. Health Care

Approximately two-thirds of all children see a doctor during the year. However, only about half of the children from low-income or low-education families, farm families, or other than white families do so.

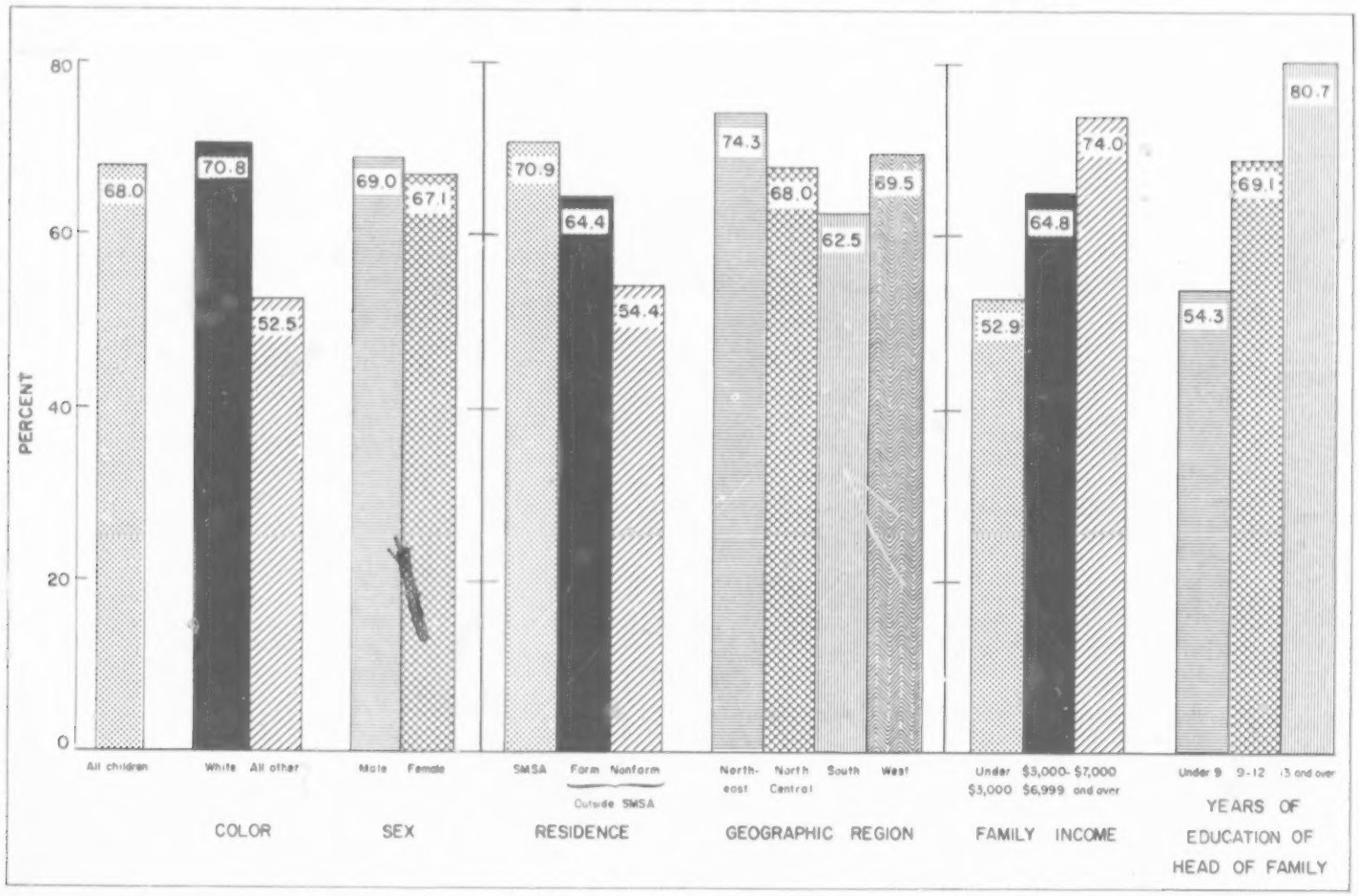

Chart 34. Percent of children under age 17 who saw a physician within 1 year of interview, by color, sex, place of residence, geographic region, family income, and education of head of family: United States, July 1966–June 1967

The average number of doctor visits per child during the period July 1966-June 1967 was 3.6. The number of visits ranged from 2 per year for other than white children to 4.8 for children from families where the head of family had 13 years of education or more.

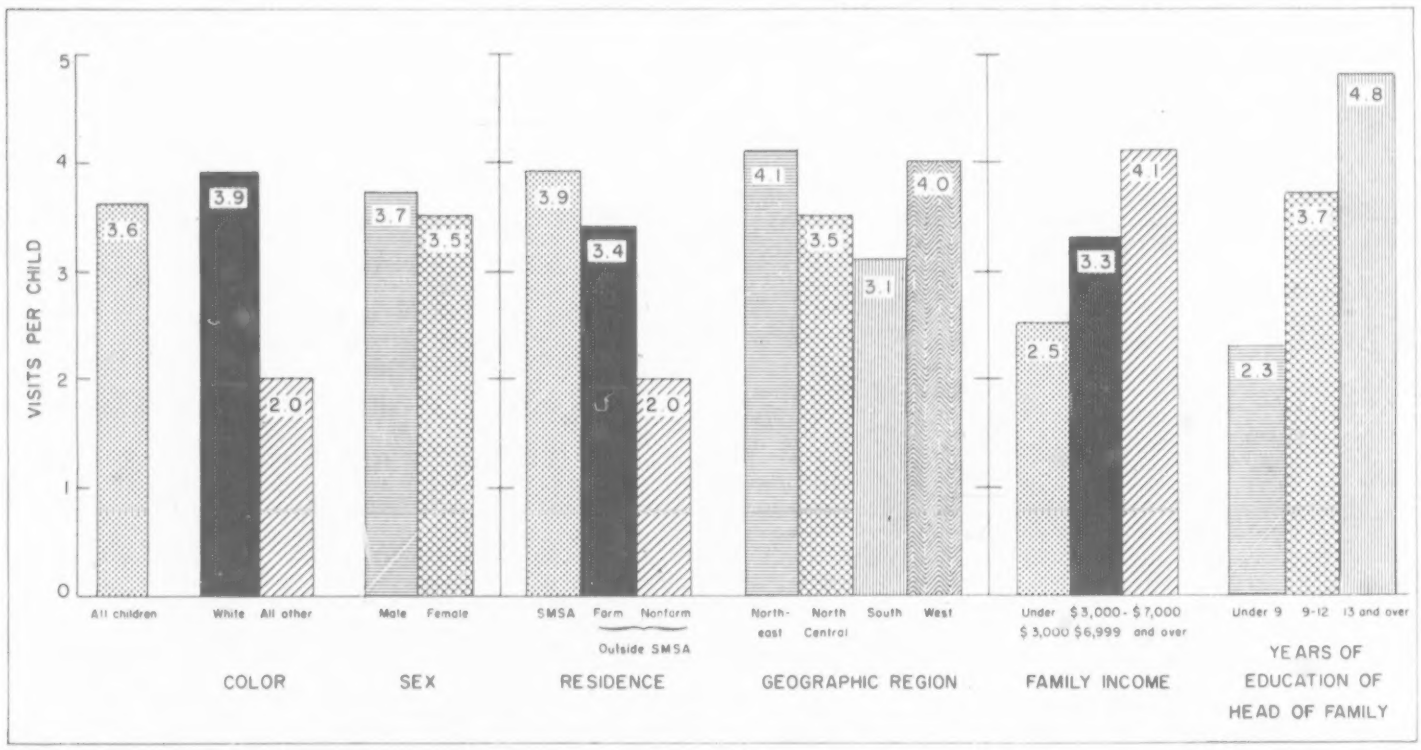

Chart 35. Number of physician visits per year per child under age 17 by color, sex, place of residence, geograhic region, family income, and education of head of family: United States, July 1966-June 1967

In line with the general pattern, the amount of dental care a child receives varies with demographic characteristics. In 1968 the average number of dental visits for children from a family with less than $3,000 income was 0.4 compared with 2.3 visits for a child from a family with more than a $15,000 income.

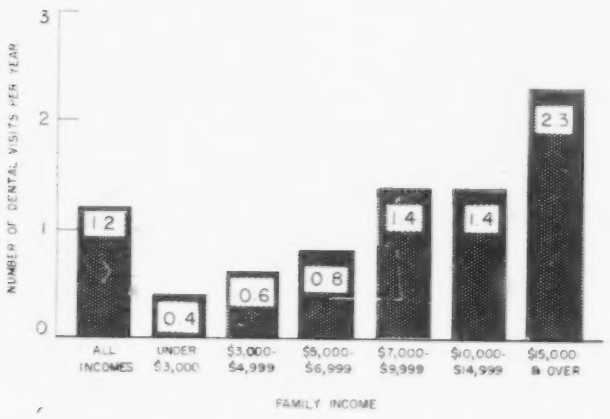

Chart 36. Number of dental visits per child under age 15, by family income: United States, 1968

During the period July 1963-June 1964 an estimated 28 million children, or 42.6 percent, had never seen a dentist. Among children aged 6-16 years 14.9 percent of the white youngsters had never seen a dentist compared with 48.6 percent of the other children.

The influence of family income on dental health is underscored by data collected in health examinations during the period 1963-65. The poorer children aged 6-11 years had more untreated decayed teeth; the children of families with higher incomes were much more likely to have their decayed teeth filled.

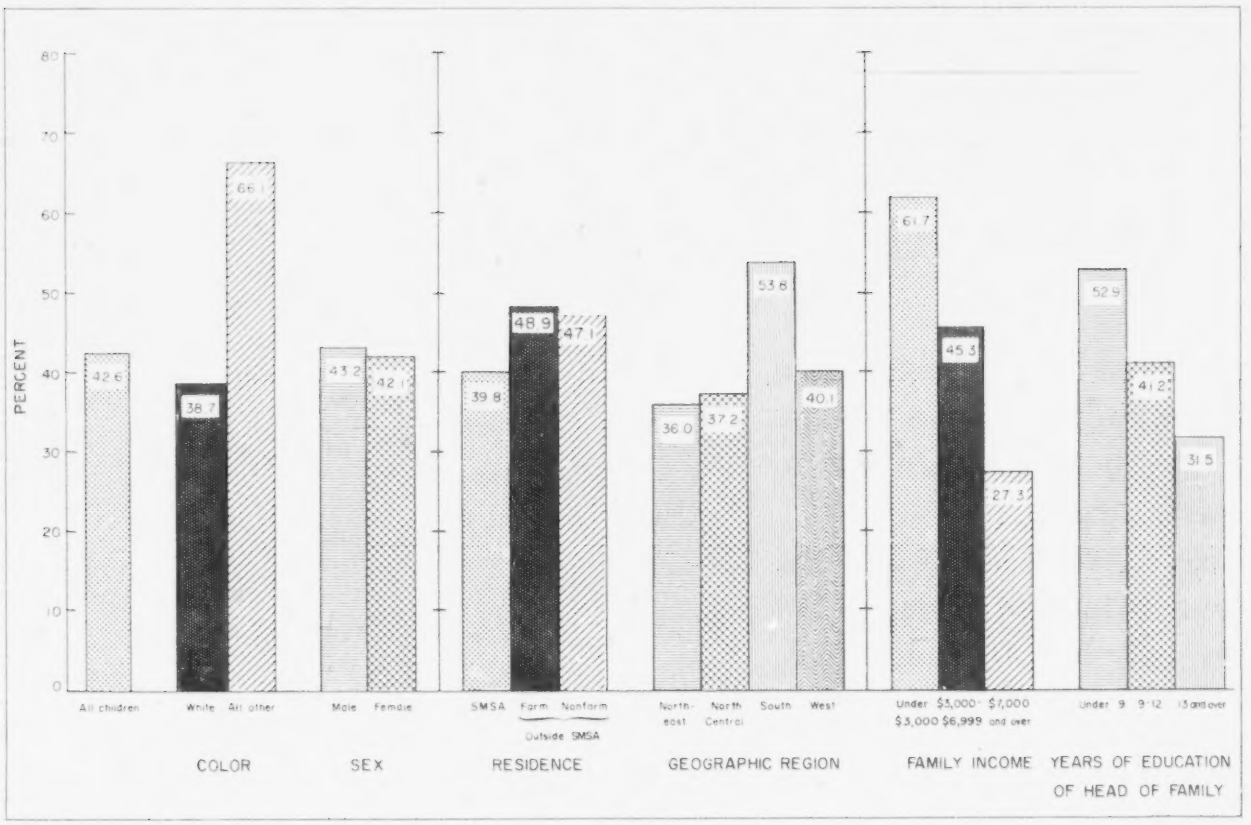

Chart 37
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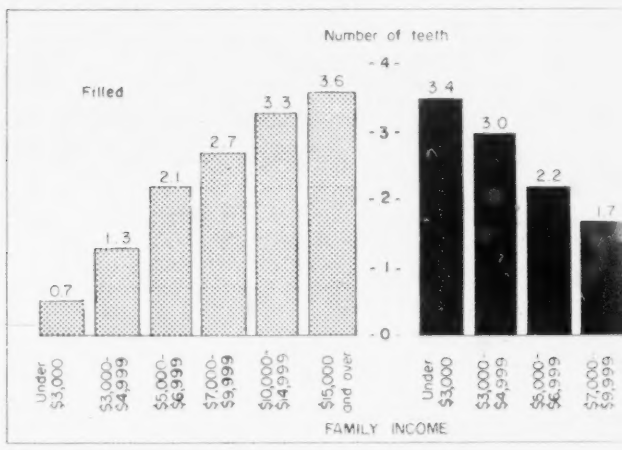


Chart 38. Average numbers of filled and of decayed primary and permanent teeth per child aged 6–11, by family income: United States, 1963–65

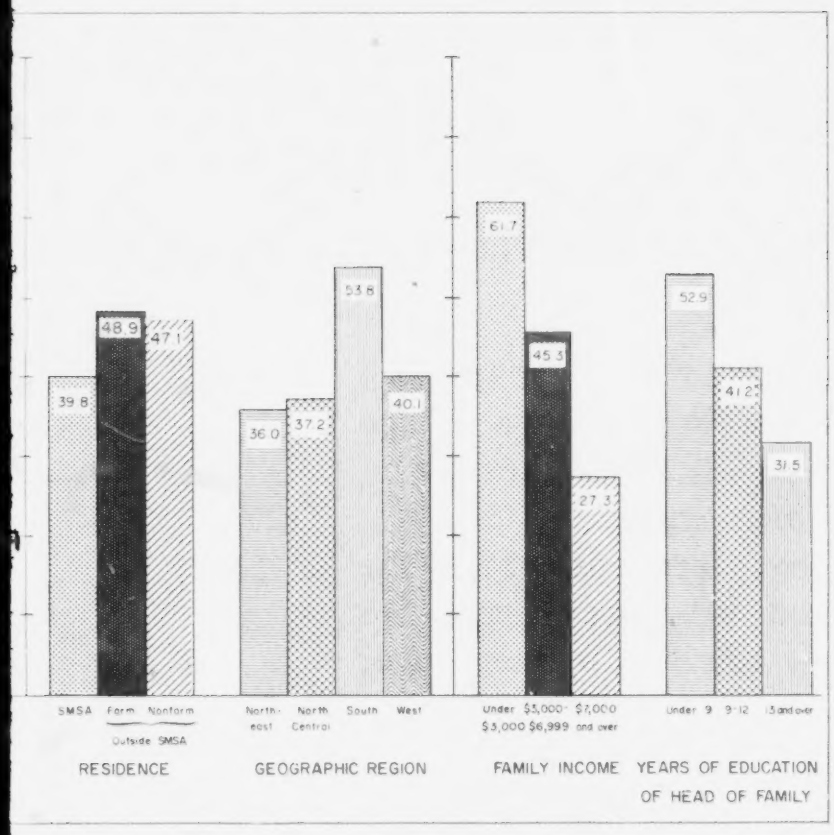
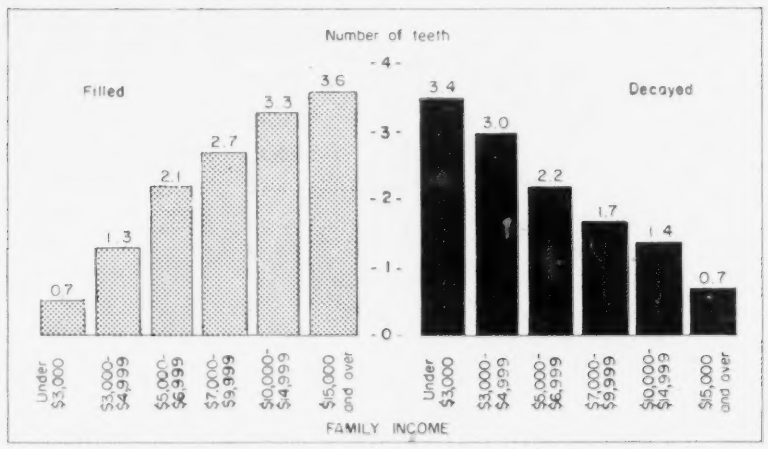


Chart 37.. Percent of children under age 17 who have never seen a dentist, by color, sex, place of residence, geographic region, family income, and education of head of family: United States, July 1963–June 1964

umbers of filled and and permanent teeth by family income: -65



Part V. Growth and Development

American children aged 6-11 years are among the largest in the world. Boys at age 6 are slightly taller and heavier than girls, but by age 11 the girls are larger.

White and Negro boys are essentially the same height throughout this age range, but white boys are slightly heavier at every age.

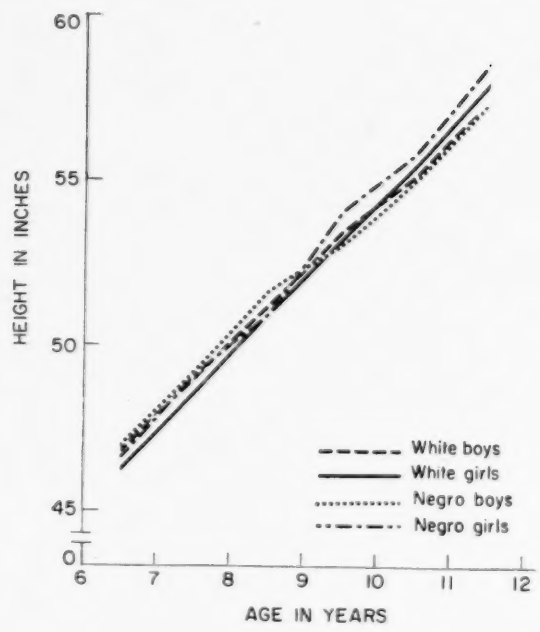


Chart 39. Average height in inches of white and Negro children aged 6–11 living outside institutions, by age and sex: United States, 1963–65

Negro girls, however, are taller than their white peers throughout this age span, and although they weigh slightly less until age 11, they become both taller and heavier than white girls.

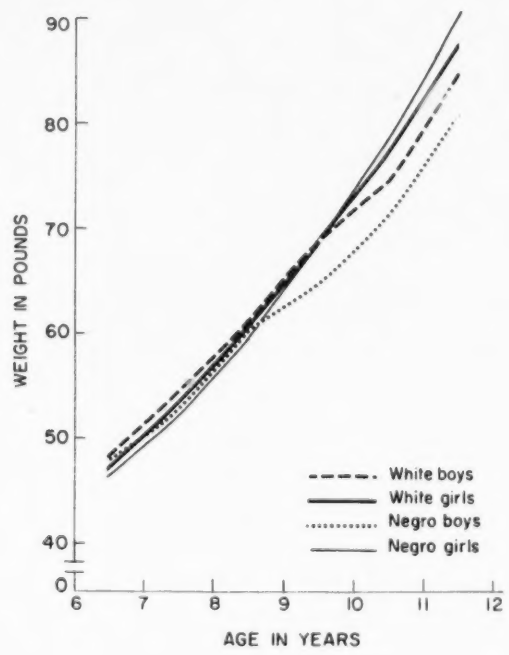


Chart 40. Average weight in pounds of white and Negro children aged 6–11 living outside institutions, by age and sex: United States, 1963–65

Among children aged 6-11 years almost equal numbers are exceptionally high in intellectual maturity and exceptionally low. The proportion mentally retarded (with IQ below 70) is slightly lower than would be expected in the total child population of this age because children in institutions are not included.

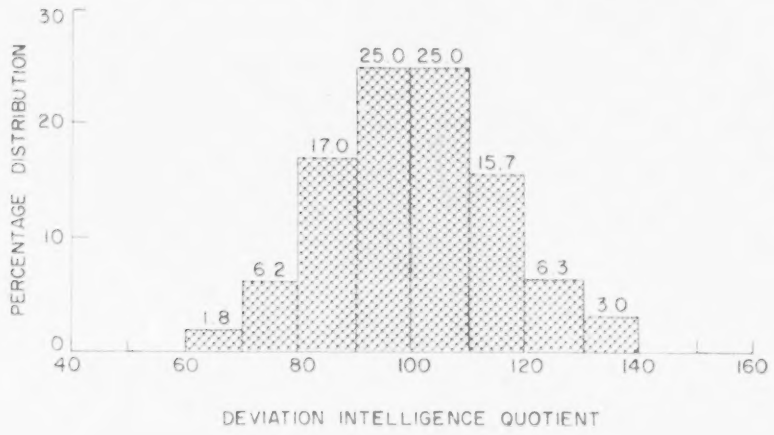


Chart 41. Intellectual maturity of children aged 6–11 living outside institutions as measured by the Goodenough–Harris Drawing Test: United States, 1963–65

Achievement in reading and arithmetic skills among American children aged 6-11 years as measured by the Wide Range Achievement Test is shown here in terms of grade equivalent of the raw scores attained at each age. The lower 25 percent of these children fell progressively further behind in these skills with age, the more so with reading than arithmetic. From a level that was about average or only slightly behind that for their normal grade in school at age 6, the discrepancy reached the equivalent of a lag of about two grades or more on reading and of one grade or more on arithmetic at age 11.

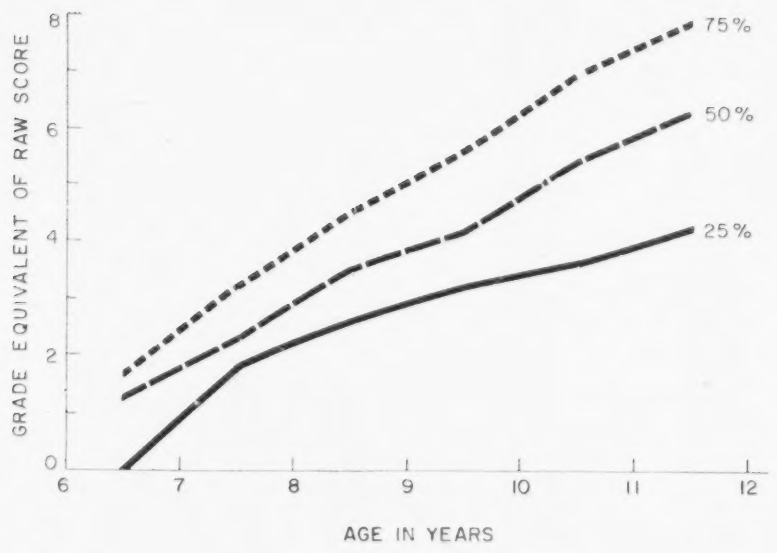


Chart 42. Achievement in reading on the Wide Range Achievement Test among children aged 6–11 living outside institutions, by age: United States, 1963–65

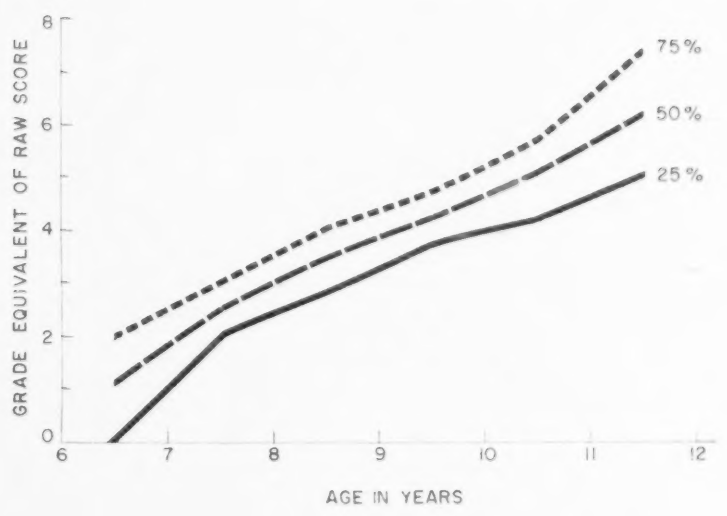


Chart 43. Achievement in arithmetic on the Wide Range Achievement Test among children aged 6–11 living outside institutions, by age: United States, 1963–65

Behavioral questions were included in the 1963-65 health examinations of noninstitutionalized children aged 6-11 years primarily to permit the study of interrelationships with other data from the examination. However, the patterns that resulted have

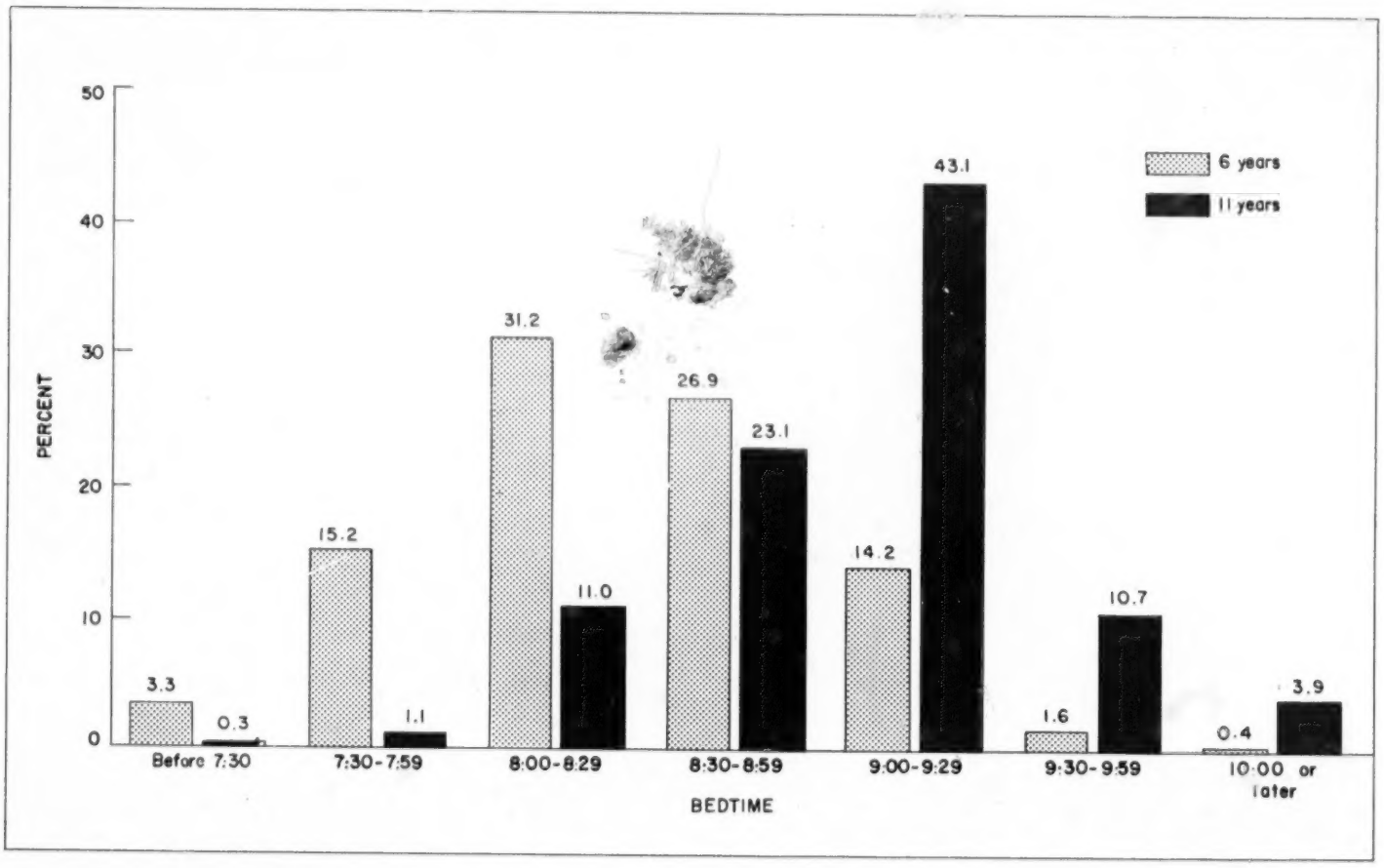


Chart 44. Percent distribution of time children aged 6 and 11 usually go to bed: United States, 1963-65

value per se as baseline data for assessing general problem areas in adjustment, emotional development, and the like. As reported by the parents, the median bedtime for children aged 6-11 years is 8:50. Over half went to bed between 8 and 9 p.m. and just under a third between 9 and 10 o'clock. Half of the 6-year-olds retired by 8:30, while at age 11 half retired by 9:10. Parents of 6 percent of the children indicated they did not have any regular bedtime.

One crude measure of the extent of responsibility that children are given or accept within their homes was obtained by asking the parents to list the tasks that the child was supposed to do regularly just as part of the family. More than three-fourths of the children (78.3 percent) had one regular home task or more. The proportion increased consistently with age from 64.2 percent among 6-year-olds to 88.5 percent among the 11-year-old group.

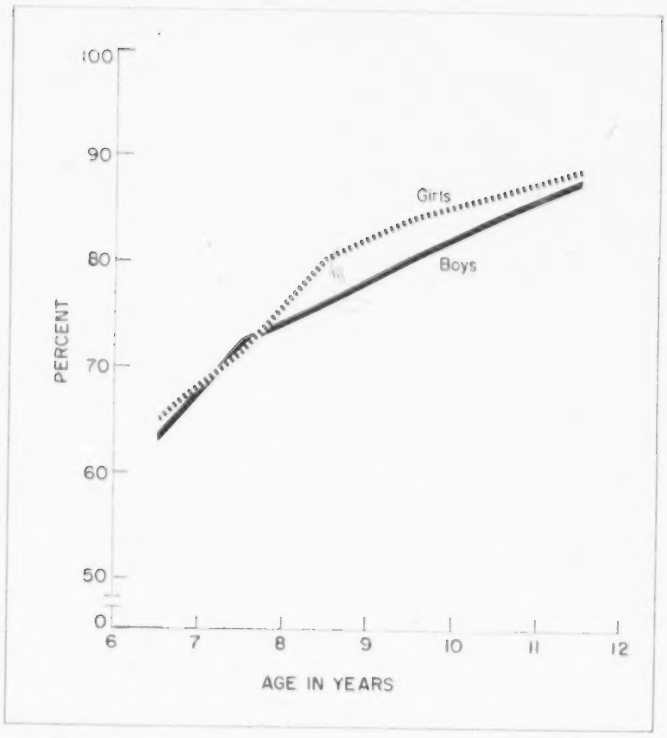


Chart 45. Percentage of boys and girls aged 6–11 with regular home tasks, by age: United States, 1963–65

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6-year-olds to 46.9 percent
pattern was similar for boys

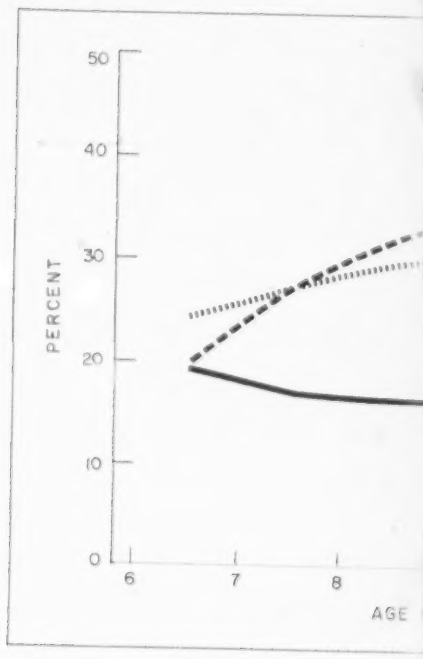

Chart 46. Percentage o
with regular home ta
States, 1963–65

The proportion of children aged 6-11 years doing three tasks or more regularly more than doubled over the age range, increasing from 19.8 percent among 6-year-olds to 46.9 percent among 11-year-olds. The pattern was similar for boys and girls.

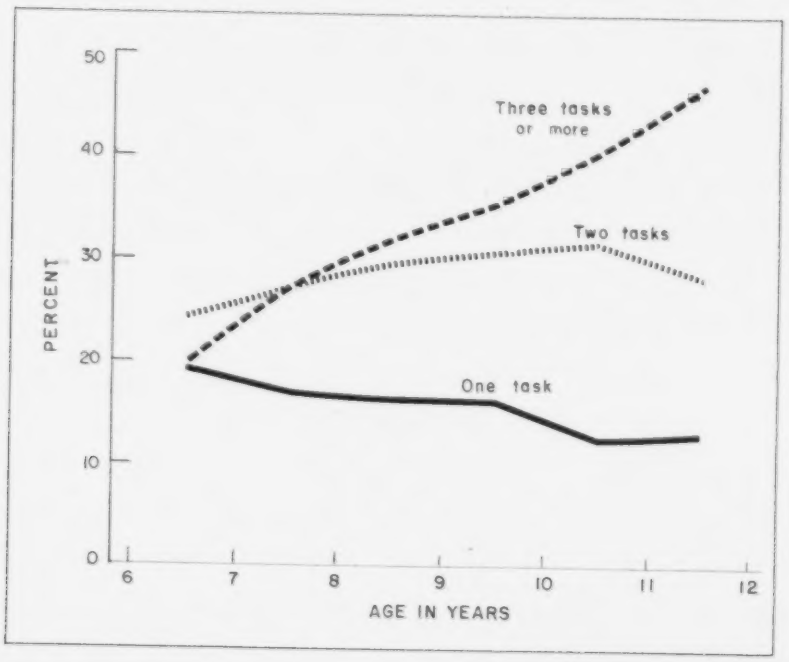

Chart 46. Percentage of children aged 6-11 with regular home tasks, by age: United States, 1963-65

Parents were asked how much time they guessed their ch
years old spend in watching television; listening to the ra
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books; playing with friends; playing by themselves; and work
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with friends, and working (doing chores).

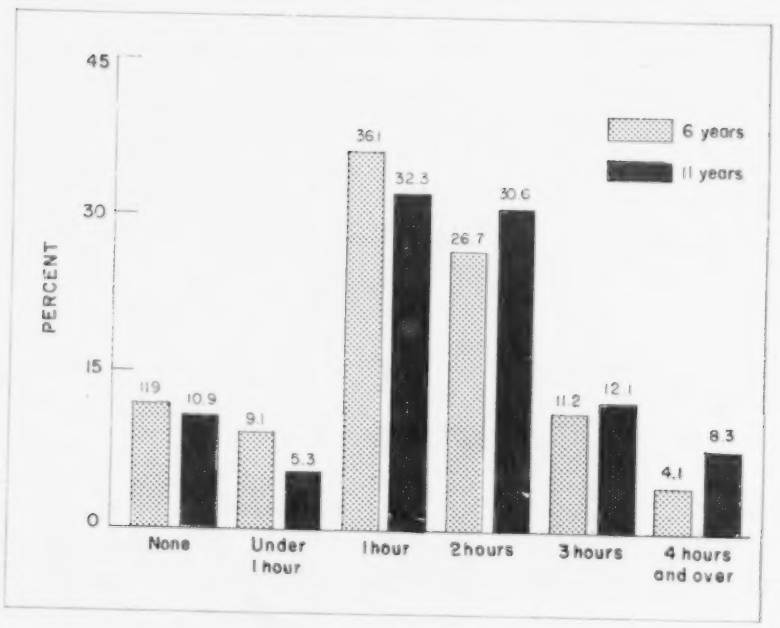

Chart 47. Percent distribution of time spent watching television by children aged 6 and 11: United States, 1963-65

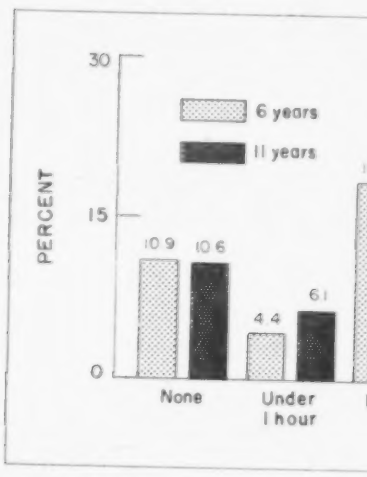

Chart 48. Percent distri
with friends by child
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ents were asked how much time they guessed their children 6-11
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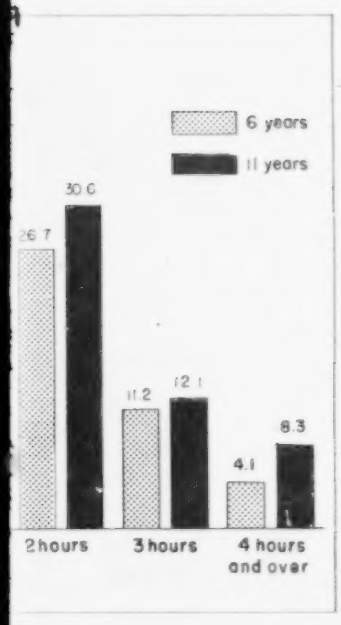

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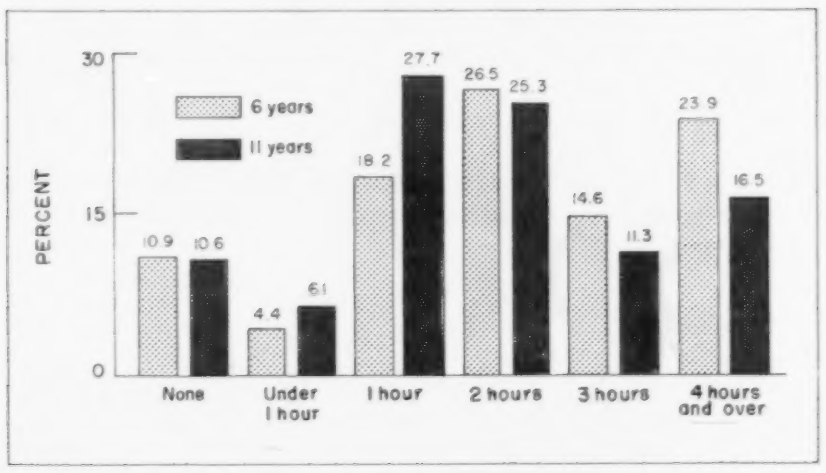

Chart 48. Percent distribution of time spent playing with friends by children aged 6 and 11: United States, 1963-65

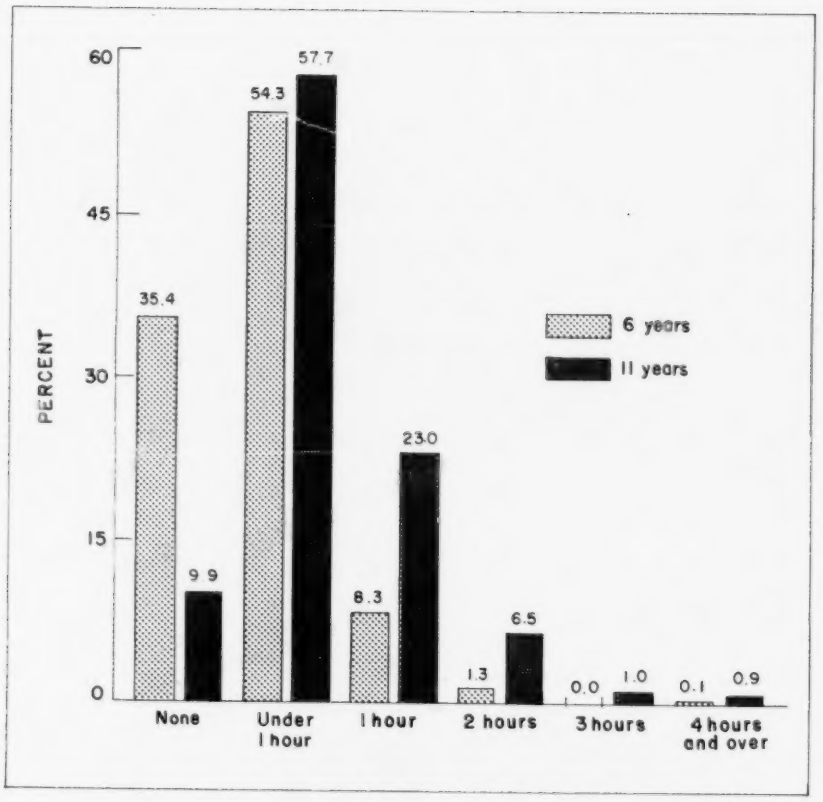

Chart 49. Percent distribution of time spent working on chores by children aged 6 and 11: United States, 1963-65

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They grow less fussy
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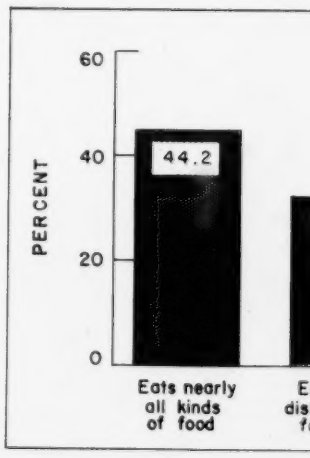
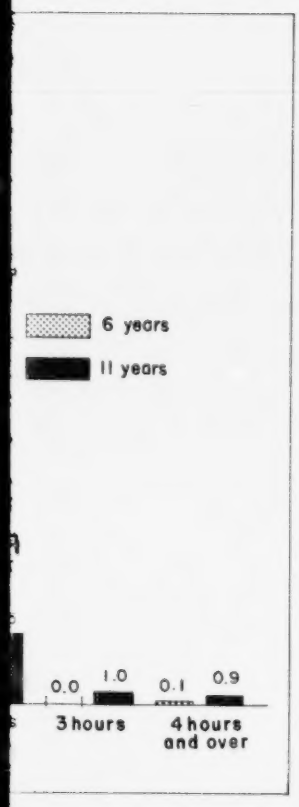


Chart 50. Percentag
degree of sele
States, 1963-6



time spent working and 11: United

Only about 7 percent of children aged 6-11 years are very fussy about foods and refuse to eat many things. About 44 percent of them will eat nearly all kinds of food. They grow less fussy with age—some 25 percent were considered as being difficult with foods eaten at age 6 compared with 19 percent at 11 years.

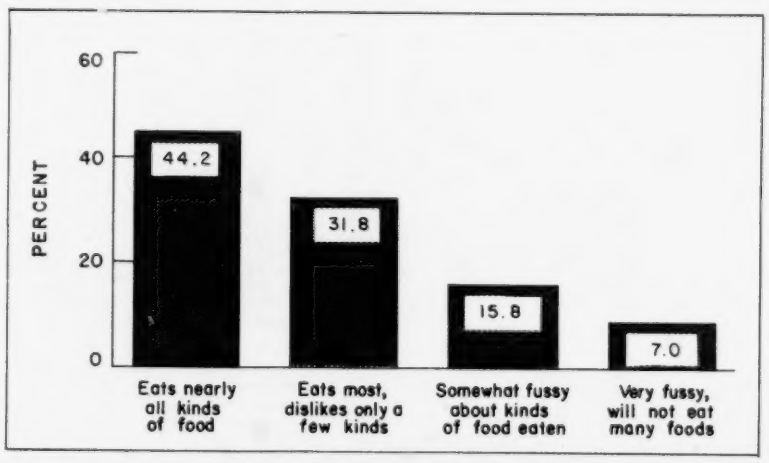


Chart 50. Percentage of children aged 6-11, by degree of selectivity with food: United States, 1963-65

Some 46 percent of children aged 6-11 years of age are thought by their parents to have no difficulty getting along with or being well liked by their peers and another 49 percent to get along with others as well as most children do. Only about 4 percent were reported to have difficulty getting along with many children.

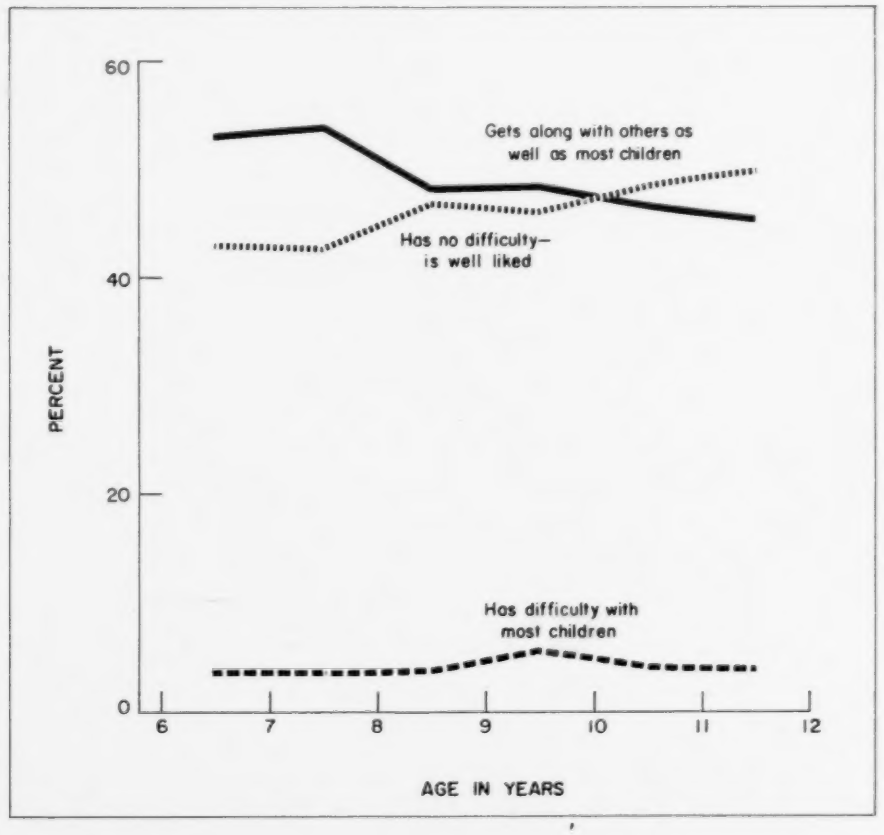


Chart 51. Percentage of children aged 6–11 by peer relations, by age: United States, 1963–65

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